

FW-706 SAFE HARBOR MODIFIED DUTY POLICY

Objective: Modified duty is a temporary assignment made by Safe Harbor to an employee who is unable to perform the full scope of his or her job duties due to a work-related injury or illness. The assignment is made based upon the temporary restrictions given by the authorized treating physician.

Requirements: Employees must meet the following requirements to qualify for this program:

1. The employee's temporary restrictions must be due to a work-related injury or illness.
2. The employee's medical restrictions must be temporary in nature.
3. The authorized medical provider must provide the temporary restrictions on an approved form.

* If an employee refuses available modified work, this will be considered a refusal to work and may constitute voluntary resignation. Workers' compensation, disability, and other benefits may be affected by such a refusal. If an employee fails to report to work, and/or is tardy to work, and/or leaves early from work, while modified duty is being offered, the missed time will be counted in accordance with Safe Harbor attendance policy. The employer will not be entitled to pay for any of that time missed.

* It is the employee's responsibility to be aware of the restrictions and make certain that they are followed at all times. If an employee fails to follow the temporary restrictions, Safe Harbor may take disciplinary action against the employee for such failure. The employee understands that, if asked to perform work outside of his/her restrictions by anyone, he/she should refuse to do so and contact the immediate supervisor or Human Resource Department immediately.

Pay: An employee placed on modified duty will be paid the hourly rate of current pay. Hours worked will be determined on business conditions, but in no case, will an employee on modified duty be allowed to work more than 40 hours per week.

Limitations: Employees will be allowed to continue to work modified duty until any of the following conditions apply:

1. The authorized medical provider determines that the medical condition of the employee has improved sufficiently to allow the employee to resume normal job duties.
2. The authorized medical provider determines that the medical condition of the employee requires permanent restrictions as opposed to temporary ones.
3. The employee has worked in modified duty position for a period of sixty (60) calendar days.
4. Safe Harbor no longer has work available that meets the employee's restrictions.
5. Safe Harbor reserves the right to terminate employment at any time, with or without cause.

* If an employee has any questions about this policy, he or she should contact the administration office Workers Compensation department.

Signatures

* I acknowledge that I have read, been given a copy of, and understand the Modified Duty Policy of Safe Harbor. Furthermore, I agree to abide by all requirements under the policy.

EMPLOYEE SIGNATURE

DATE

WITNESS SIGNATURE

DATE