

Ohio Department of Natural Resources
Transitional Work Program Participation Plan

The Transitional Work Program (TWP) for the Ohio Department of Natural Resources is designed to return employees, who have temporary limitations due to an injury or illness, to their original position performing the essential and/or modified duties or to another appropriate position as soon as possible. Upon request of the agency, employees must participate in the transitional work program unless precluded from participation by their attending physician. All participants agree that during participation in the program, you will not be required to perform any tasks or duties that are not in compliance with the temporary restrictions that your physician has provided. These restrictions are:

Your program will begin on _____. The TWP plan will continue as long as medical documentation of necessity is provided up to a maximum of ninety days (90) for workers' compensation and disability claims. Your case will be evaluated approximately every two weeks, or on an as needed basis, to determine your progress and need for continuance or modification of the temporary assignment. Therefore, you will be required to obtain a medical evaluation from your physician at least once a month or as specified by your physician and submit updated medical documentation to your supervisor. The evaluation will assist in determining possible modifications to your transitional work assignment.

You will be paid at your regular rate of pay while participating in the program and will be expected to follow all established personnel policies and procedures. Participants in the Transitional Work Program will be allowed to attend physical therapy treatment utilizing transitional work leave. This physical therapy must meet the following criteria:

1. Physical therapy must be medically necessary and prescribed by the employee's attending physician.
2. A licensed practitioner must perform the physical therapy.
3. Physical therapy will be scheduled for non-working hours when possible.
4. Physical therapy will be scheduled for the first or last two hours of the workday (whenever possible) and may not exceed three times per week.

The following signatures on this form indicate that you understand the requirements for participation in the Transitional Work Program.

I agree to abide by the medical restrictions placed upon me by my physician.

Employee Signature

Date

I agree to follow the medical restrictions placed upon the above referenced employee, and while he/she is participating in TWP I will assign job duties within the above stated restrictions.

Supervisor's Signature

Date

Information Below Is For TWP Committee/Coordinator Use Only

Division/Office Designee

Date

OCSEA or FOP Designee

Date

OHR Case Manager

Date

