[Your Logo Here]

# Company Name

Stay-at-Work/Return-to-Work Program

Management Support & Commitment

Management understands the benefits of a successful Stay-at-Work/Return-to-Work Program for [COMPANY NAME] and our employees. We are committed to it and fully support it. Everyone needs to understand how important it is for our success as a company. Ideas for improving the program are welcome at any time.

# Policy Statement

In an effort to promote a safe and productive work environment, it is the policy of [COMPANY NAME] to return employees to a compatible modified or alternative work routine as quickly as possible. We attempt to identify any modified/alternative positions that accommodate the employee’s limitations and restrictions as prescribed by the health care provider. Our policy is to consider modified or alternative job placement for every worker who is unable to perform regular duties.

# Purpose

This program, designed in cooperation with Beacon Mutual Insurance Company, provides our employees who are unable to perform their regular job duties following a workplace injury with suitable, transitional employment. This may include modifying the worker’s original position or providing an alternate position depending on the worker’s physical abilities. The program will provide employees an opportunity to continue working as valuable team members while recovering from work-related injuries. This program promotes speedy recoveries, while allowing employees to provide a service and continue to contribute to the productivity of our organization. The program enhances communication among the injured employee, management, the workers’ compensation claims adjuster, and the treating health care provider. The Stay-at-Work/Return-to-Work Program reinforces the organization’s interest and concern for an injured worker, promotes trust between the employer and employee, and reduces time and costs associated with an on-the-job injury.

# Scope

This program applies to all employees who have sustained an on-the-job injury.

# Duration

The injured employee and [Company Name] Stay-at-Work/Return-to-Work Program Coordinator will evaluate any limited or temporary assignment at 30-day intervals to determine its continuance. Modified duties will discontinue when 1) the employee returns to his regular job at full capacity as supported by the health care provider’s full duty release, 2) [COMPANY NAME] is unable to identify suitable available work, and 3) the employee refuses to participate.