**TEMPORARY TRANSITIONAL EMPLOYMENT PROGRAM**

\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ is the person designated as your contact person in Administration or Human Resources. Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Transitional duty is a temporary placement in a position that can accommodate your limitations/restrictions resulting from your work related injury. The job assignments are temporary in nature and you may be asked to move to another job or location as the need arises.

\_\_\_\_ Transitional duty assignments (in combination with any missed work time), will not last longer than twelve weeks. Transitional duty assignments will also end when:

* You return to your regular job at full capacity;
* You are placed at Maximum Medical Improvement (MMI) by the health care provider.
* Your physical restrictions change, making continued Transitional duty impractical.

\_\_\_\_ If you are unable to transfer to a position that meets your qualifications and your work-related restrictions before the end of the 12-week period, your employment will be terminated.

\_\_\_\_ While on Transitional duty, you will be asked to keep both your supervisor and your employer’s designated contact person informed of your work status. This means that both individuals should be contacted following each visit to your treating physician.

\_\_\_\_ The person that you report to in your Transitional duty assignment should be kept informed (in advance) of all scheduled appointments so that the workload can be appropriately assigned.

\_\_\_\_ If you have been asked by the supervisor of your temporary job to do something outside your restrictions, you must remind the supervisor of your restrictions. DO NOT participate in any work activity that is outside of the restrictions placed on you by your treating physician. If you are experiencing pain or other problems as a result of the work you have been asked to perform, contact your physician and report the problems to the employer’s designated contact person immediately.

\_\_\_\_ If you are unable to report to work for any reason, you must contact the supervisor of the area where you have been temporarily assigned, as well as the employer’s designated contact person before the beginning of your scheduled shift. Attendance expectations do not change while in a Transitional duty position.

\_\_\_\_ If you have been released to work only part-time by your treating physician and your normal schedule is full-time, you might be offered Transitional duty that meets the part-time restrictions from your physician. You will be eligible to receive a “temporary partial disability” payment from workers’ compensation for the remaining missed wages. This is not a direct dollar-for dollar compensation but is pro-rated based on New Mexico State Workers’ Compensation Statutes. For more information regarding “temporary partial disability” please contact your claims adjuster (your employer’s designated contact person can provide you with the name and telephone number of your adjuster).

\_\_\_\_ You are not required to work Transitional duty. This is offered to you as an alternative so that you can continue to receive your salary while you are recuperating from your work-related injury. You have the option of not returning to work and being placed on a leave of absence. However, you need to be aware that if there is work available to you and you choose to remain off work, you will not receive any lost wage benefits through workers’ compensation.

\_\_\_\_ If you have problems in your Transitional duty assignment, you may ask to be reassigned to a different area. Please contact your employer’s designated contact person

\_\_\_\_ From time to time, medical case managers will be assigned to facilitate your medical care and treatment plan. Medical case managers are generally assigned when there are complicating factors (i.e., multiple injuries, surgery, unusual diagnoses, long courses of treatment, etc.)

\_\_\_\_ I, the employee, have accepted the agreement.

\_\_\_\_ I, the employee, **do not** accept the agreement.

Employee Signature Date

Employer Representative Signature Date