



Stay-at-Work Program

1. Purpose and Scope

- 1.1. Purpose: The purpose of this procedure is to outline the process for providing alternate work for employees whose work-related injuries or illnesses temporarily prevent them from performing their routine job duties.

The program's goals are to:

- 1.1.1. Keep employees at work and reduce the number of lost work days.
 - 1.1.2. Reduce workers' compensation costs.
 - 1.1.3. Minimize lost productivity.
- 1.2. Scope: This program applies to the Executive Vice President (EVP) division. However, all University departments are expected to inform Risk Management & Safety (RMS) of transitional work opportunities in their area.

2. Responsibilities

2.1. Employees will:

- 2.1.1. Follow Stay-At-Work Program (SAW) guidelines and practices. This includes reviewing and signing the Transitional Duty agreement form.
- 2.1.2. Comply with the medical care plan; attending and participating in all appointments.
- 2.1.3. Provide a copy of all return-to-work slips to their home department supervisor immediately following each appointment.
- 2.1.4. Transition to full duties as restrictions are reduced.

2.2. Supervisors shall:

- 2.2.1. Ensure that all employees understand the stay-at-work program.
- 2.2.2. Follow the [Incident Reporting & Review Procedure](#).
- 2.2.3. Review all return-to-work slips and inform the Occupational Health Nurse (Occ Health) and SAW Coordinator of the department's ability to meet return-to-work instructions.
- 2.2.4. Ensure the assigned job tasks are within the employee's medical restrictions.
- 2.2.5. Inform the SAW Coordinator about any absences including pre-approved vacation time for the injured employee.

2.3. Transitional Department provides:

- 2.3.1. The incoming employee with their transitional supervisor's contact information.
- 2.3.2. Necessary training to prepare the employee to perform assigned tasks.



- 2.3.3. Required personal protective equipment (PPE).
- 2.3.4. Flexibility for employee to attend all scheduled medical appointments related to their injury/illness.
- 2.4. Risk Management & Safety (RMS) / Stay-At-Work Coordinator (SAW) shall:
 - 2.4.1. Develop, implement, and maintain the Stay-At-Work program.
 - 2.4.2. Monitor the program's usage and track metrics to measure impact.
 - 2.4.3. Identify and discuss transitional duty opportunities with the employee and home department supervisor when the home department cannot meet the restrictions.
 - 2.4.4. Complete the transitional duty form (Appendix B).
- 2.5. The Occupational Health (Occ Health) Nurse shall:
 - 2.5.1. Receive and document the department's ability to meet the employee's work restrictions and provide updates following each medical appointment where restrictions are addressed.
 - 2.5.2. Facilitate appropriate medical care for the injured employee.
- 3. Definitions:
 - 3.1. **Home department** – The work unit the injured employee is normally assigned to.
 - 3.2. **Restricted duty** - The inability to perform routine duties in whole or in part.
 - 3.3. **Restriction** - A physical limitation placed upon an employee by a medical provider.
 - 3.4. **Routine duties** – Tasks performed by the employee at least once each week.
 - 3.5. **Stay-At-Work Coordinator** - Contact within the RMS department responsible for the SAW program and transitional duty communication.
 - 3.6. **Transitional duties** – Temporary work or tasks meeting physician-assigned restrictions performed in a different department.
 - 3.7. **Transitional department** – The work unit that the injured employee is temporarily assigned to while recovering.
- 4. Expectations
 - 4.1. Employees participating in the stay-at-work program must sign and comply with the appropriate Transitional Duty Agreement.
 - 4.2. An employee participating in transitional duties will be paid at their regular rate by their home department. Any shift differential will be paid in accordance with the actual shift worked.
 - 4.3. Whenever possible, employees will be assigned transitional duties on a shift that correlates with their normal work shift.
 - 4.4. The employee is responsible for complying with the care plan and attending and participating in all medical appointments.



- 4.5. Transitional duty ceases when the home department can meet the employee's restrictions or the authorized treating physician releases the employee to full duty.
- 4.6. The University may not be obligated to pay state workers' compensation benefits for lost wages to those refusing to participate in the SAW Program. This will be effective as of the date the employee elects not to participate.
- 4.7. The University reserves the right, at any time, to modify or discontinue the transitional duty assignment.

5. Process

- 5.1. Occ Health communicates with the home department to determine if specified work restrictions require modification of routine duties.
- 5.2. If routine duties are not considered restricted or the home department can meet the restrictions, the employee will return to their home department.
- 5.3. If the department cannot meet the restrictions, the SAW Coordinator will determine the availability of transitional duties.
 - 5.3.1. If transitional duties are not available, the employee is placed off work and receives Workers' Compensation benefits as appropriate.
 - 5.3.2. If transitional duties are available:
 - The SAW Coordinator informs the employee of the designated transitional department, work tasks, and assigned hours.
 - The SAW Coordinator informs the transitional department supervisor of employee being assigned to their department for transitional duties.
 - The employee and transitional department supervisor sign the Transitional Duty Agreement (Appendix B).

6. Work Attendance

- 6.1. Employees remain subject to all attendance policies during a transitional duty assignment.
- 6.2. The employee's home department shall report any work absences or requested time off to Risk Management & Safety's SAW Coordinator.
- 6.3. Absences During Transitional Duty
 - 6.3.1. Employees participating in the SAW Program are expected to report any absences to their transitional duty and home department supervisors.
- 6.4. Requested Time Off
 - 6.4.1. Employees requesting time off unrelated to the occupational injury/illness may do so per Human Resource policies. However, Workers' Compensation lost time benefits will not be paid during this period.
 - 6.4.2. Approval of requested time off will be shared with the transitional department supervisor from the home department supervisor.



7. Program Review
 - 7.1. RMS shall perform a documented program evaluation triennially. The evaluation shall include a review of the following:
 - 7.1.1. The written program.
 - 7.1.2. Duty positions included in the program.
 - 7.1.3. Program utilization and effectiveness.
 - 7.2. All actions necessary to improve the process shall be documented and acted upon.
8. Records required by this procedure shall be retained per the University's records retention schedule.

Revision History

History	Effective Date
Procedure published	December 2024

Approval Date: TBD
Revision Date:

Stay-At-Work Program

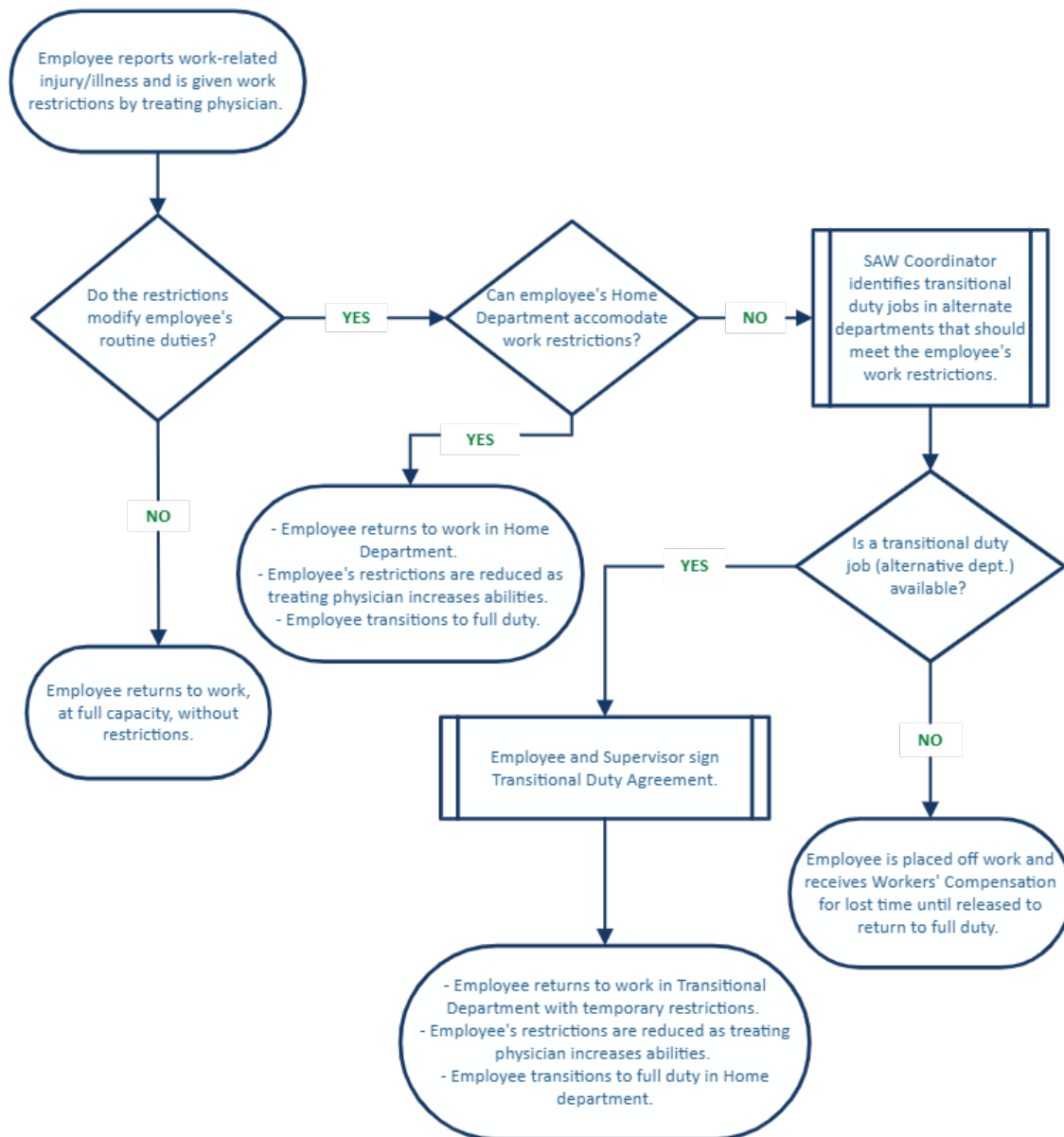
SAFE030
Owner: RMS

Appendix A:
Stay at Work Decision Tree



Stay-At-Work Decision Tree Process

(to be repeated after every physician appointment)





Appendix B: Stay-At-Work Transitional Duty Form

[Link to Form](#)



Stay-At-Work Transitional Duty Form

As part of your work restriction associated with your work-related injury or illness, you are being asked to participate in our Stay-At-Work Program. This program provides alternate work options for employees temporarily restricted from performing their regular duties within their home department. Your home department does not currently have work that meets your restrictions. However, we have identified an alternative department that is able to meet your restrictions.

Your initial transitional duty assignment will be as follows:

Date:	Click/tap to enter the date.	Supervisor:	Click or tap here to enter text.
Department:	Click or tap here to enter text.	Schedule:	Click or tap here to enter text.
Restrictions:	Click or tap here to enter text.		

- While on transitional duty, you will earn the same base wage you earned before your injury.
- You must notify your transitional duty supervisor as well as your regular supervisor of all scheduled absences and any other time off of work. You are subject to all UND policies and procedures while on transitional duty.
- You must provide the authorized treating physician's statement of work restrictions to your transitional duty supervisor as well as your regular supervisor after each appointment.
- You will be expected to keep all scheduled appointments that relate to your injury/illness as well as adhere to the work schedule you are assigned.
- Your transitional duty assignment will be re-evaluated after each appointment with your authorized treating physician at which time we will determine if your assignment may end or be extended.
- You are required to contact your transitional duty supervisor and your regular supervisor if you are unable to come to work. At that time, UND will assess the need for you to be seen by your treating physician.
- It may be necessary to change the work assignment as your restrictions or as work situations change. UND reserves the right to remove anyone from participation in the Stay-At-Work program.
- You will remain in the transitional duty program until you have been released from restricted duty or your authorized treating physician requests your removal from the program. You may not remove yourself from the program without prior authorization.

I will be your primary contact while you are on transitional duty. You should notify me if you have any questions concerning your work in the transitional department.

Supervisor [Click or tap here to enter text.](#)

Name:

Supervisor Signature: _____

Date: [Click or tap to enter a date.](#)

Phone #: [Click or tap here to enter text.](#)

I have read and understand the Transitional Duty Agreement and will comply with the guidelines outlined in this agreement.

Employee Name: [Click or tap here to enter text.](#)

Employee Signature: _____

Date: [Click or tap to enter a date.](#)

Phone #: [Click or tap here to enter text.](#)

Approval Date: TBD
Revision Date:

Stay-At-Work Program

SAFE030
Owner: RMS



**Appendix C:
Light Duty Request Form**

[Qualtrics Link](#)

Approval Date: TBD
Revision Date:

Stay-At-Work Program

Page 7 of 7

SAFE030
Owner: RMS