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To: CSU Presidents

Reference: HR 2000-13

From: Jackie R. McClain
Vice Chancellor
Human Resources



Subject: CSU Disability Management Program Resource Guide - Modification of Attachments #6 and #8

In 2000, we provided campuses the Disability Management Program (DMP) guidelines for transitional employment and return-to-work procedures for employees with temporary disabilities. The guidelines were included in the Disability Management Program Resource Guide, which contained sample forms for campuses to use at their option.

At this time, two of the sample forms contained in the Disability Management Program Resource Guide are being replaced since their phrasing was thought to potentially elicit the medical diagnosis of employees, which would be inconsistent with medical privacy legislations. The two forms being replaced are the Letter to Medical Provider About Return to Work (Attachment #6) and the CSU Activity Analysis (Attachment #8). Please remove the old forms, which are located at Pages 5-9 and 5-20 of the Disability Management Program Resource Guide, and substitute them with the new forms attached to this coded memorandum. As with the old forms, campuses' use of the new forms is optional.

Questions regarding medical privacy legislations should be addressed to campus counsel. This HR letter is also available via Human Resources Administration's Web page at: <http://www.calstate.edu/HRAdm/memos.shtml>.

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Distribution:

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Executive Vice Chancellor and CFO
Vice Presidents, Administration
Human Resources Directors
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CO Risk Management
Risk Managers
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Attachment #6

SAMPLE DOCUMENT
Medical Community

LETTER TO MEDICAL PROVIDER ABOUT RETURN TO WORK

Dear Dr. _____:

The (name of University) is committed to returning injured/ill employees to work (while they recover) within their capabilities. We believe that an employee who returns to work as soon as medically appropriate, and within his or her work restrictions, often regains economic security, physical strength and flexibility, and improved psychological well-being.

I am writing to ask for your opinion concerning Mr./Ms. _____'s ability to return to work at this time. Enclosed is an analysis of Mr./Ms. _____'s regular job (and/or proposed Transitional Employment Plan). Based on your review of the enclosed brief CSU Activity Analysis (and/or proposed employment plan) and your examination of Mr./Ms. _____, please respond here or on the attached Activity Analysis.

- I release the employee to the tasks listed in the CSU Activity Analysis (or proposed Transitional Employment Plan).
- I release the employee to task Nos. _____, _____, _____, _____, _____, _____, with the following functional limitations and restrictions:
- I cannot release the employee to any of the tasks described in the Activity Analysis at this time. The employee's functional limitations and restrictions are as follows:
- A follow-up appointment to review the employee's condition further is scheduled for _____.

Please feel free to provide any additional comments you have concerning Mr./Ms. _____'s ability to work.

Thank you for your assistance with this matter.

Sincerely,

Encl.: CSU Activity Analysis

CSU Activity Analysis

POSITION TITLE/CLASS CODE:	COMPLETED BY (NAME/TITLE):
DATE COMPLETED/UPDATED:	LOCATION:
I. PURPOSE OF JOB:	
II. JOB FUNCTIONS: <i>Physician, please review the following tasks and demands. Indicate for each task, and at end of this form, which tasks the patient can perform at present.</i>	
Job Function Description	Primary Demands
TASK #1. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	
TASK #2. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	
TASK #3. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	
TASK #4. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	
III. REQUIRED PRODUCTIVITY	
IV. WORK SCHEDULE REQUIREMENTS	

PHYSICIAN, PLEASE FILL OUT COMPLETELY

- >I release the employee to all of the tasks listed above.
- >I release the employee to only Task Nos. ____, ____, ____, ____, with the following functional limitations and restrictions:
 This information is considered confidential and will be released only on a strict "need to know basis".
- >I cannot release the employee to any of the above tasks at this time. The employee's functional limitations and restrictions are as follows:
 This information is considered confidential and will be released only on a strict "need to know basis".

An appointment to review the patient's condition further is scheduled for (Review Date):

Physician's Signature:

Signature Date: