Date: September 16, 2004  
Code: HR 2004-28

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  
onoptional.

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:  

JRMcC:eb
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: 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.

<table>
<thead>
<tr>
<th>Job Function Description</th>
<th>Primary Demands</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TASK #1.</strong></td>
<td></td>
</tr>
<tr>
<td>Physician:</td>
<td></td>
</tr>
<tr>
<td>□ Task Appropriate Now</td>
<td></td>
</tr>
<tr>
<td>□ Task Not Appropriate Yet</td>
<td></td>
</tr>
<tr>
<td><strong>TASK #2.</strong></td>
<td></td>
</tr>
<tr>
<td>Physician:</td>
<td></td>
</tr>
<tr>
<td>□ Task Appropriate Now</td>
<td></td>
</tr>
<tr>
<td>□ Task Not Appropriate Yet</td>
<td></td>
</tr>
<tr>
<td><strong>TASK #3.</strong></td>
<td></td>
</tr>
<tr>
<td>Physician:</td>
<td></td>
</tr>
<tr>
<td>□ Task Appropriate Now</td>
<td></td>
</tr>
<tr>
<td>□ Task Not Appropriate Yet</td>
<td></td>
</tr>
<tr>
<td><strong>TASK #4.</strong></td>
<td></td>
</tr>
<tr>
<td>Physician:</td>
<td></td>
</tr>
<tr>
<td>□ Task Appropriate Now</td>
<td></td>
</tr>
<tr>
<td>□ Task Not Appropriate Yet</td>
<td></td>
</tr>
</tbody>
</table>

## 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:**