



Institutional Handbook of Operating Procedures
Policy 03.07.04

Section: Human Resources	Responsible Vice President: Executive Vice President of Business and Finance
Subject: Employee Health	Responsible Entity: Human Resources

I. Title

Temporary Job Modification

II. Policy

UTMB will, without causing undue hardship to UTMB or without causing a direct threat to safety, and to the extent reasonably able, provide temporary job modifications for employees with temporary disabling conditions. Temporary job modifications shall not exceed six months in any rolling twelve month period. Employees using the maximum number of days for a single condition will not be eligible for another job modification for that condition. Any subsequent requests for job modification must be for a different condition. Time counted toward six month job modification will be based on calendar days.

UTMB complies with applicable federal and state laws and regulations, and strives to maintain an environment which does not discriminate against applicants or employees on the basis of race, color, national origin, sex, age, religion, disability, sexual orientation, genetic information or veteran status.

III. Request for Modification

The Employees Request for Temporary Job Modification, along with appropriate medical documentation, either a Physician's Work Certification or medical note, must be submitted to the supervisor for review and signage of the form with submission to the Human Resources Americans with Disabilities Act Office (HR ADA Office).

Modification greater than seven days will be addressed with review of both the Employees Request for Temporary Job Modification and the Physician's Work Certification form by the HR ADA Office. Employees will not be allowed to continue to work, in a modified duty capacity, if an update is not received seven calendar days after their scheduled physician's follow-up appointment date.

Additional medical opinions may be required to document medical necessity.

IV. Work Evaluations

The HR ADA Office may be asked to perform a work site evaluation to clarify work restrictions and/or assist in the identification of possible temporary job modifications or to determine what, if any, possible permanent restrictions exist or if permanent accommodations should be addressed.

V. Guidelines

Temporary Modifications

Approval of a requested modification will be made by the supervisor and the HR ADA Office or their designee.

1. A Work Agreement must be completed and signed by the employee, supervisor, and the HR ADA Office or their designee.
2. Although there is no requirement that UTMB must grant a temporary modification request, UTMB will consider a request in accordance with established protocol.
3. Medical review of the case may be required by the Employee Injury Management Medical Advisor.
4. Denial of a requested modification will be determined on a case by case basis which may result in an employee's inability to work. This may result in the employee's need to utilize their available accruals until updated medical documentation is received.
5. Although there is no requirement to place the employee in an alternate, but temporary location/or position, a reassignment may occur when the employee's home department is unable to reasonably modify work to meet documented work limitations.
6. The HR ADA Office will, to the extent reasonably possible, assist the employee in temporarily being reassigned to another location/or position within their restrictions and capabilities.

NOTE: For temporary assignments, the employee's home department will be responsible for paying the employee's regular wages during the reassignment.

7. Any department that is unable to modify an employee's job and is unwilling to have the employee assigned to work in an alternate area, must prepare a business hardship justification

Upon release to full duty by the employee's health care provider, the employee will return to their regular position and/or duties.

Permanent Accommodations

All requests for a permanent job accommodation will be forwarded to the Institutional ADA Office for review and adherence to IHOP Policy 3.2.2 Americans with Disability Act Policy.

VI. Related UTMB Policies and Procedures

[IHOP - 03.06.09 - Family and Medical Leave](#)

[IHOP - 03.02.02 - Americans with Disabilities Act Policy](#)

VII. Dates Approved or Amended

<i>Originated: 12/07/1992</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
04/08/2013	03/29/1999
03/27/2018	

VIII. Contact Information

HR ADA Office
(409) 747-4818