

**UTMB HANDBOOK OF OPERATING PROCEDURES**

Section 3	Human Resources Policies	12/07/92 -Originated
Subject 3.8	Employee Health (Employee Assistance and Wellness)	03/08/13 -Reviewed w/ changes 03/29/99 -Reviewed w/o changes
Policy 3.7.4	Temporary <b>Job Modification</b>	04/08/13 -Effective Human Resources -Author

## Temporary Job Modification

### Policy

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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.

### Requests for Modification

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Written requests and physician notes outlining restrictions and documenting medical necessity must be submitted to the supervisor for review, completion, and submission to the Return to Work Coordinator in Employee Injury Management, a division of Human Resources.

Modification greater than seven days will only be considered with appropriate Return to Work Certification, Physician's Work Certification or Healthcare Provider Certification or Note. Employees will not be allowed to continue to work with a modification for more than seven calendar days after a designated physician's appointment date without a medical update on the employee's status.

Additional medical opinions may be required to document medical necessity.

Leave may be coordinated as a reasonable accommodation in consideration of the Americans with Disability Act.

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**Work  
Evaluations**

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The Ergonomic Consultant 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 permanent job accommodations due to an employee's temporary or permanent disabling condition.

**Guidelines**

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**Temporary Modifications**

Approval of a requested modification will be made by the supervisor and the Return to Work Coordinator or their designee.

1. A Work Agreement must be completed and signed by the employee, supervisor, and the Return to Work Coordinator of 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 by the Return to Work Coordinator.
5. Although there is no requirement to place the employee in another position, a reassignment may occur when the employee's home department is unable to reasonably modify work to meet documented work limitations.
6. The Return to Work Coordinator will, to the extent reasonably possible, assist the employee in temporarily being reassigned to another position suiting his/her 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 job and is unwilling to have the employee assigned to work in an alternative area, must complete and submit the justification form

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**Guidelines,  
continued**

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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**

Request for a permanent job accommodation will be forwarded to the ADA Coordinator for review and adherence to IHOP Policy 3.2.2 Americans with Disability Act Policy.

**References**

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IHOP Policy 3.9.10, *Family and Medical Leave*  
IHOP Policy 3.2.2, *Americans with Disabilities Act Policy*

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