

Office of Human Resources

***1701 Workers' Compensation and Special
Injury Return-To-Work Program***

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**Georgia Department of Human Services
Human Resources Policy #1701**

Workers' Compensation and Special Injury Return-To-Work Program

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Refer- O.C.G.A. 34-9-1 through 34-9-367 — Workers' Compensation
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Rules of the State Personnel Board 478-1-16 — Absence from Work

The Department of Human Services (DHS) is concerned about the health and safety of all its employees. Supervisors should be alert to any situation which could result in potential injury or illness to employees, clients, and customers. Employees are to immediately bring any potentially unsafe or unhealthful working condition to the attention of their supervisors for review and resolution.

When work-related injuries, illnesses or exposures to occupational disease occur, all employees will be returned to work, whenever feasible, as quickly and safely as possible. DHS has adopted a comprehensive Return-to-Work (RTW) Program to accomplish this objective. Supervisors should refer to the Workers' Compensation Supervisors Manual or contact their workers' compensation coordinator for additional information regarding this program. The manual can be found on the Georgia State Board of Workers' Compensation website.

Section A: Eligible Employees

1. All full-time and part-time employees in classified and unclassified positions, except for temporary and hourly employees who are short-term or hired for a specific project or function, are eligible for the Return-to-Work Program.

Section B: Procedures

1. Please read the Workers' Compensation Reporting Instructions (Attachment #1).
2. Whenever a work-related injury, illness or exposure to occupational disease occurs, the employee is to be given work time to seek appropriate medical attention.
3. Medical treatment must be rendered by a network provider referral made by the Managed Care Organization (MCO) unless an emergency exists. Failure to comply will result in non-payment of treatment by the Department of Administrative Services (DOAS) Workers' Compensation Program.

NOTE

A current Managed Care Organization Notice, Bill of Rights for The Injured Worker, Workers' Compensation Fraud Notice and Workers' Compensation Reporting Instructions must be posted in prominent places at each work location. To receive these documents, please contact the Office of Human Resources (OHR).

- a. In the event of an emergency, appropriate medical attention for the employee should be sought immediately (e.g. call 911 or transport to an emergency room). In an emergency, treatment does not have to be provided by a Network provider. All follow-up care must, however, be provided by a referral from the MCO.
- b. If the injury/illness/exposure requires immediate medical attention and transportation is not otherwise available, the employee may be transported by the supervisor or qualified designee to a nearby hospital. Time used to transport the employee is considered work time.

NOTE

The driver must have a valid driver's license.

- c. If possible, the employee may transport himself/herself.
- d. Where practicable, transportation should be provided using a State vehicle.
- e. If a State vehicle is not available, the supervisor or designee may determine that it is appropriate to use a personal vehicle to transport the employee.
- f. The supervisor or designee may be reimbursed for mileage, parking fees and other expenses incidental to the use of the personal vehicle for such transportation.
- g. It is the responsibility of the supervisor or designee to ensure that any personal vehicle used is insured against loss. Private vehicles are not insured by the State, even when they are used to conduct State business.
- h. The employee, supervisor or designee is to present the completed Georgia Activity Analysis (Attachment #2) to the treating physician for review after the initial examination of the employee.

NOTE

A Georgia Activity Analysis Form is to be completed in advance and placed on file for every job within the organizational unit.

- i. If the employee is dissatisfied with the physician selected from the MCO, a second selection from the MCO may be made without permission. Any further changes require permission from the appropriate DHS workers' compensation coordinator or a DOAS workers' compensation representative.
4. After ensuring that proper medical treatment has been arranged, the supervisor or designee is to report all injuries, illnesses and exposures to occupational disease that require medical treatment or result in time lost from work through the telephonic reporting system at **1.877.656.7475**.
- a. The report should be made immediately and in no case more than 24 hours from the time

the supervisor or designee has knowledge of the injuries, illnesses, or exposures to occupational disease.

- b. The supervisor or designee should have a copy of the Georgia Activity Analysis Form available in order to respond to questions asked by the telephonic reporting system staff.
5. If the injuries, illnesses, or exposures to occupational disease do not require medical treatment and do not result in lost time from work, supervisors or designees should complete an Incident Report (Attachment #3) and retain for their records. Should the employee require treatment or lose time away from work later, the claim should be reported by calling the telephonic reporting system.
6. A determination based on the Georgia Activity Analysis Form must be made by the treating physician regarding the employee's ability to immediately return to regular or modified duty.
 - a. If the physician is unable to release the employee immediately to regular or modified duty, the employee will not return to duty that day.

NOTE

The employee will not be charged leave for the absence from work on the day of the injury, illness, or exposure to occupational disease.

- b. The supervisor and/or designee are to arrange follow-up contact with the employee within 24 hours to check on the employee's well-being and begin preparation for a Transitional Employment Plan (Attachment #4).
7. As soon as the employee is released to work activities, the employee will be asked to meet with the Transitional Employment Team to develop a Transitional Employment Plan.

NOTE

Time spent by the employee in Transitional Employment Team meetings will be considered work time.

- a. The plan will specify the following:
 - I. Start and end date of transitional duty,
 - II. Specific duties to be performed,
 - III. Signatures of both the supervisor and injured/ill employee; and,
 - IV. Next review date.
- b. A Detailed Job Analysis (Attachment #5) may be completed for review by the treating physician as determined necessary or appropriate.
- c. Responsibilities and duties identified for the employee must always be of value to the Department while ensuring the employee's safety.
- d. If possible, tasks should resemble the employee's regular work and within the same functional unit. If this is not feasible, however, other alternatives should be considered utilizing the following guidelines:
 - I. Focus on unique skills and abilities of the employee,
 - II. Consider duties outside of the employee's regular work unit,

- III. Provide tasks which add value to services normally provided by the Department,
 - IV. Explore training or other on-the-job learning experiences to help enhance the skills of the employee,
 - V. Allow an employee to share skills through mentoring other employees; and,
 - VI. Provide employees with special projects which need to be completed.
- e. Supervisors are to complete the Transitional Employment Plan (Attachment #4) to keep a record of the specific job responsibilities and tasks employees will perform during their transitional duty.

Section C: Monitoring Transitional Employment Plans

1. As the employee's medical condition improves, the Transitional Employment Team will meet periodically to revise the plan to increase activities. This should help the employee gain strength and endurance to expedite the transition to regular employment.
2. The plan should be reviewed on a regular basis during the Transitional Employment Team meetings; assignments should be changed periodically to reflect improvement in the employee's physical capacities, as documented by the treating physician.
3. Transitional Employment will continue for the time period determined necessary and appropriate, up to ninety (90) calendar days.

Section D: Providing Reasonable Accommodation

1. If an employee is unable to resume regular duties within ninety (90) days, the Transitional Employment Team will initiate a reasonable accommodation evaluation in order to comply with Title I of the Americans with Disabilities Act (ADA). Because of the complex nature and responsibilities of the Department under this Act, the OHR-Compliance Management will coordinate this process to ensure compliance with all related statutes.
2. Affected employees will be active members of the Transitional Employment Team as it relates to a reasonable accommodation. Their opinions and input will be solicited.
3. When it is determined that the team either needs assistance with a reasonable accommodation or no accommodation can be identified, the employee will be referred to the DOAS Workers' Compensation Program for rehabilitation evaluation.

Section E: Non-Compliance with Return to Work Program

1. If an employee refuses (or otherwise through their actions declines) to participate in the RTW Program, their assigned Human Resources Representative should be notified. Refusal to return

to work and refusing to follow directives given by a supervisor in a job where the responsibilities and duties have been approved by the treating physician may jeopardize an employee's workers' compensation/special injury benefits.

Section F: Family Leave

1. A work-related injury, illness or exposure to occupational disease may qualify as a serious health condition under family leave. An employee may be placed on available family leave during the workers' compensation/special injury absence, which **may run concurrently**.
2. At some point during the employee's absence, the treating physician providing medical care pursuant to workers' compensation/special injury may certify that the employee is able to return to work in a transitional employment position.
 - a. If the employer offers such a position, the employee is **permitted** but **not required** to accept the position.
 - b. If the employee does not accept the transitional employment position, the employee may no longer qualify for payments from the workers' compensation/special injury benefit plan, **but the employee is entitled** to continue on family leave, either until the employee is able to return to the same or equivalent job the employee left or until the twelve (12) work week family leave entitlement is exhausted, whichever is first.
3. If the employee returning from a workers' compensation/special injury absence due to an injury, illness or exposure to occupational disease is an individual with a qualifying disability, he or she will have rights under the ADA.

Section G: Workers' Compensation Tracking Form

1. Supervisors are to maintain a record of employees on workers' compensation or special injury leave utilizing the Workers' Compensation Tracking Form (Attachment #6) and the start and end dates of their Transitional Employment Plan, if applicable.

For additional information or assistance, please contact your local Human Resource Office, or email DHS-Policies@dhs.ga.gov

1701 A1 Workers' Compensation Reporting Instructions



**Georgia Department of Human Services
Human Resources Policy #1701 A1**

Workers' Compensation Reporting Instructions

Call toll-free, 24 hours a day / 7 days a week 1.877.656.7475

**Claims should only be reported by the Supervisor or designee.
Employees cannot call in their own claims.**

The supervisor or designee should call to report work-related injuries, illnesses, and exposures to occupational disease within 24 hours. Reporting should be delayed only long enough for the supervisor or designee to assist the employee with receiving appropriate medical attention. Call the toll-free number above with the following information:

- Name, Address, Social Security Number, Age and Sex of Employee
- Name of Employing Agency, Address and Telephone #
- Date, Time and Description of Incident (How? Where? Why?)
- Body Part Injured
- Injury Type, Illness or Occupational Disease Exposure (cut, burn, fall, etc.)
- Hourly / Weekly / Monthly Salary
- Name and Address of Physician / Hospital / Treatment Facility
- Has Employee Returned to Work?

A copy of the completed injury report will be issued to the supervisor or designee and the appropriate Department of Administrative Services (DOAS) Workers' Compensation Specialist within 24 hours of the incident being reported. Any information that needs to be corrected after the claim has been reported, must be submitted by calling the appropriate DOAS Workers' Compensation Specialist.

Only work-related injuries, illnesses, and exposures to occupational disease requiring medical care or lost time from work should be reported through the telephonic reporting system. Injuries, illnesses, and exposures to occupational disease requiring no medical care should be recorded by the organizational unit, as an incident only utilizing the Incident Report (Attachment #3). The Incident Report is maintained by the organizational unit.

1701 A2 Georgia Activity Analysis

1701 A3 Incident Report

1701 A4 Transitional Employment Plan

1701 A5 Detailed Job Analysis

1701 A6 Workers' Compensation Tracking Form

1701 A7 Workers' Compensation Acknowledgment Receipt