

**TO:** Eric Hanson  
City Administrator

**FROM:** Haley Morrison  
HR Coordinator

**DATE:** January 4, 2016

**RE:** Temporary Alternative Work Policy

Pursuant to your request, I have revised the Temporary Alternative Work Policy to include accommodations for pregnant workers. This new section spells out that accommodations will be granted for females who can no longer perform their primary job functions, but are still able and willing to work. This also includes the ability for them to wear non-standard attire during this assignment.

Additional revisions were made to Sections C and D under the “Request for Temporary Alternative Work (Work Comp or Other).” Section C more clearly defines the approval for the initial 30 day assignment through the department head.

Section D was simplified to allow additional time, beyond 30 days at the approval of the City Administrator.

Approval by motion is requested. If you need additional information or have questions, please contact me.

## **Temporary Alternative Work (Work Comp or Other)**

The intent of this provision is to encourage a temporary alternative work assignment for those employees with a temporary disability. In order to be eligible for temporary alternative work, employees must have an active temporary medical condition and be under the care of a physician.

- A. It shall be the intent of the City of Ballwin to provide, when possible, temporary alternative work for any full-time employee with a temporary disability due to an injury/illness so long as an open available position or project exists at the time the assignment is needed.
- B. Temporary alternative work shall be considered temporary in duration and shall not extend past the time frames set forth in this provision.
- C. While on temporary alternative work, employees shall maintain the pay grade assigned to their normal full-duty assignment. In the event that an employee's position cannot be modified to meet the temporary alternative work requirements set forth by the employee's physician, the employee may at the discretion and need of the City temporarily transfer to an available position that meets those requirements.
- D. Employees may not work secondary employment while on temporary alternative assignments, unless authorized by the Department Head.

## **Request For Temporary Alternative Work (Work Comp or Other)**

- A. Employees who are capable of returning to work full-time, but on a temporary alternative work status, shall have their authorized physician complete a dated "Physical Limitations For Temporary Alternative Work Assignment". The information must include work limitations and duration of limited work and duties.
- B. Employees must provide a written statement from their authorized physician that includes the current prognosis, current limitations and the estimated length of time for each extension of alternative work requested.
- ~~C.~~ Employees may be initially approved for up to thirty (30) days of temporary alternative work **through approval of the department head**. ~~One additional 30-day extension may be granted through approval of the City.~~
- ~~D.~~ ~~At the end of sixty (60) days or at such prior time as it is determined that there will not be a recovery to full-duty status, other options available, if any, will be presented to the employee by the Department Head.~~ **Additional requests beyond (30) days of temporary alternative work, can only be approved by the City Administrator.**

## ***Request for Temporary Alternative Work Due to Pregnancy***

***Accommodations due to pregnancy shall be granted at the point where a female can no longer perform the functions of her regular position but is still able and willing to work. Non-standard attire will also be permitted during this assignment.***

### **Employees Returning To Full-Duty Status (Work Comp or Other)**

Prior to returning to full-duty status, employees shall provide a written statement from their physician. The statement shall indicate that they are capable of performing all the duties of their regular position or describe any current or permanent limitations. The statement shall be forwarded to the Department Head who shall later notify the employee whether he or she is eligible to return to full-duty status.