

**STATE OF NEVADA**  
**EARLY RETURN TO WORK PROGRAM**  
**EMPLOYEE RESPONSIBILITIES AND INFORMATION**

1. **Report ALL incidents and accidents as soon as possible to your supervisor (or his/her designee in the event of an absence), preferably by the end of the shift, and complete a Notice of Injury (C-1) Form.**

The Notice of Injury (C-1) Form must be completed and submitted to your supervisor unless immediate medical attention is sought. This form serves as a record in the event that medical treatment is sought. **If seeking treatment it must be within 90 days of incident/accident.** You will receive a copy and your supervisor will retain a copy. The TPA is required to deny a claim for injuries if this C-1 Form is not completed within 7 days of the incident/accident. (NRS 616C.015)

2. If immediate medical treatment is needed, when practical, you must:
  - Notify your supervisor and receive information in regard to procedures and forms that must be completed. You can obtain all information needed through Risk Management at the following web site: [risk.nv.gov](http://risk.nv.gov)
  - Have your physician/chiropractor complete the Physical Assessment Form or a similar form that provides the same information.
  - Return the Physical Assessment Form to your supervisor or designated agency representative within 24 hours after the visit if possible, **but not later than 3 days.**

<p>NOTE: Employees must select a provider from the appropriate Managed Care Provider list, which can be found at the following web site: <a href="http://risk.nv.gov">risk.nv.gov</a>. Employees are urged to seek initial care at one of the designated "First Stop Clinics." Employees may change providers within 90 days without approval from the insurer.</p>
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3. **Temporary Modified Duty:** If your physician indicates that you have temporary physical restrictions that do not allow you to perform all of your regular job duties, you will be assigned modified duties, as necessary. If you cannot perform a majority of your regular job duties, either a special duty assignment that meets your physical restrictions will be developed or an appropriate assignment will be located through the 'pool' of modified duty assignment from other agencies. If you do get an assignment at a different agency, you will receive your normal wages and benefits. Wages will be pro-rated if less than 8 hours/day are worked. This assignment will last until whichever of the following occurs first:
  - Ninety consecutive calendar days elapse from the acceptance of the special assignment.
  - Your physician/chiropractor indicates you have permanent restrictions that will prevent you from returning to your regular job.
  - Appropriate modified duty tasks are no longer available.
  - You are released to full duty.
  - Your claim for workers' compensation benefits is denied.
4. Employees must respond to a modified duty job offer within 24 hours when possible, but not later than 3 days. Exceptional circumstances will allow up to 7 days for a response. The TPA will discontinue compensation benefits if an employee does not accept a modified duty assignment that meets their physical limitations, and is located within 25 miles of the original position. (NRS 616C.475)

**Note:** Employees may, at their own discretion, accept a temporary position that is more than 25 miles from their original position but will not be subject to the statute noted above.

Employees may elect to utilize their benefits under the Family Medical Leave Act, if applicable, pursuant to NAC 284.581, in lieu of accepting a modified duty assignment. Provisions of FMLA will supersede the provisions of this program. However, workers' compensation benefits may be discontinued.

5. If you are not released to any type of modified duty or if your temporary modified duty has expired you must:
- Maintain regular contact with your supervisor or designated representative as agreed upon.
  - Provide Physical Assessment Forms completed by your provider, after each appointment, to your supervisor or other designated representative unless other arrangements are made. This will constitute your medical leave authorization. Only this form or one with similar information from your provider will be accepted as documentation of authorized medical leave.
  - Complete the Workers' Compensation Leave Choice Option Form.
  - Provide the agency with a current address and phone number at all times.
6. **Permanent Physical Limitations:** If you are released to work, but your provider indicates that you will have permanent physical limitations that will not allow you to perform the essential functions of your regular position and, changes or accommodations cannot be made, you will be assigned a Vocational Rehabilitation Counselor. This Counselor will contact your agency to determine if an alternate vacant position is available. This counselor will coordinate with State Personnel to identify suitable positions that you are qualified to transfer to or voluntarily demote to. You will have re-employment rights for vacant positions that you qualify for, within your Department, for a maximum of one year. Your name will be referred to other Departments for consideration when hiring for vacant positions that you qualify to transfer to or voluntarily demote to. An appropriate alternate position must be approved by your provider. A roundtable discussion will be coordinated through Risk Management to discuss all of your options. If a suitable vacancy is not offered within 30 days of the meeting with Risk Management, other rehabilitation options will be available through the insurer.

Note: Your assigned Rehabilitation Counselor may contact you prior to determination of permanent limitations, if there are early indications that you may not be able to return to your regular position. This is intended to facilitate the vocational rehabilitation process. You will be expected to cooperate with this process and provide all necessary information, including the completion of a State Job Application.

For information regarding your claim, contact your assigned claims adjuster at Cannon Cochran Management Services, Inc. (CCMSI) at (775) 882-9600. Your rights and benefits under Workers Compensation are outlined on the back of the Notice of Injury (C-1) form and are available for review at the Risk Management website at [www.risk.nv.gov](http://www.risk.nv.gov). If you are having a problem obtaining information or cooperation during the course of your claim, or if you have any questions regarding this program, contact your agency Personnel Representative or Risk Management at 775-687-3188.

I have read the above information and understand my responsibilities.

\_\_\_\_\_  
Employee Signature and Date

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Supervisor Signature and Date

Retain original form. Provide employee with copy.