



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
U.S. ARMY INSTALLATION MANAGEMENT COMMAND, PACIFIC REGION
HEADQUARTERS, UNITED STATES ARMY GARRISON, HAWAII
745 WRIGHT AVENUE, BUILDING 107, WHEELER ARMY AIRFIELD
SCHOFIELD BARRACKS, HAWAII 96857-5000

AUG 26 2016

IMHW-ZA

MEMORANDUM FOR All Military and Civilian Supervisors of Department of the Army (DA) Civilian Employees within US Army Garrison, Hawaii (USAG-HI)

SUBJECT: Policy Memorandum USAG-HI-24, Light Duty Following On-the-Job Injuries

1. References.

a. Easton-James Memo, Reductions in Civilian Occupational Injuries and Illnesses and Worker's Compensation Costs, 1 Mar 07.

b. NETCALL 2007-55 Federal Employment Compensation Act (FECA) Program Implementation.

c. DoD Instruction 1400.25-V810, DoD Civilian Personnel Management System: Injury Compensation, 16 Apr 09.

2. Applicability. This policy applies to all military and civilian supervisors of DA civilian employees assigned to or under the operational control of the USAG-HI.

3. Policy. Light duty is provided to an employee who has sustained a job-related injury and has physical limitations identified by the treating or activity physician. The light duty assignment should be within the limitations imposed by the treating physician. When an employee has partially overcome a compensable disability, it is DoD policy that supervisors make every effort to assign the employee to light duty within his or her medically defined work limitations.

a. The supervisor of an employee who has been injured on the job should review all medical evidence and discuss return to duty with the Civilian Personnel Advisory Center (CPAC), Injury Compensation Specialist (ICS). Upon determination of status, the employee will either be:

(1) Returned to full duty;

(2) Assigned to light duty;

(3) Placed in a Continuation of Pay (COP) status; or

(4) Placed in a sick leave, annual leave, or leave without pay (LWOP) status as elected by the employee.

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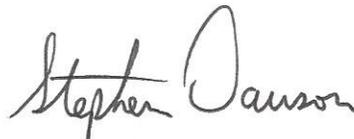
b. In determining light-duty assignments, the supervisor must consider:

- (1) The employee's medically-defined work limitations;
- (2) The employee's job skills;
- (3) The work organization to which the employee is regularly assigned; and
- (4) The hours that the employee regularly works.

c. Supervisors may verbally make light-duty offers, but must follow-up in writing using the attached documents within two business days of the verbal job offer. Copies also should be sent or faxed to the treating physician. The offer should include a description of the duties of the position, the physical requirements of those duties, any special demands of the workload or unusual working conditions, the organizational and geographical location of the job, pay rate information for the offered job, the date on which the job will first be available, and the date by which the employee is either to return to work or notify the employer of his or her decision to accept or refuse the light-duty job offer. The employer should send a complete copy of any light duty job offer to the ICS when it is sent to the employee.

4. This policy supersedes policy memorandum USAG-HI-42, SAB, dated 4 Jun 14, and remains in effect until canceled or superseded in writing.

5. Proponent. The Civilian Personnel Advisory Center (CPAC) is the proponent for this policy memorandum. Additional information on this policy or assistance with any FECA-related matter may be obtained by contacting the ICS at 438-6776 or the CPAC at 438-8446.



STEPHEN E. DAWSON
COL, SC
Commanding

2 Encl

1. Light Duty Memo Example
2. Return to Duty Memo Example

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AAAA-CC

Date

MEMORANDUM FOR Mr. Ivan A. Green, Street Address, City, State Zip Code

SUBJECT: Light-Duty Assignment for Mr. Ivan A. Green, Claim No. A00-000000 (If Known)

1. This letter confirms our conversation on 1 February 1994 in which you were: (a) offered a light-duty assignment, the duties of which conform to the physical limitations established by Dr. A. B. White, who is treating you for your on-the-job injury of 5 January 1994; and (b) advised that if you do not accept this light-duty assignment, you will be considered AWOL and you will not be entitled to continuation of pay or ongoing compensation.
2. Following is a list of duties and the physical requirements of those duties you will be performing while on light duty during the period 9 February through 4 March 1994, in the Packing Section of Warehouse B at Defense Distribution Region East (Memphis):
 - a. While sitting or standing, break down large packages of small items into small packages and place identifying labels on small packages. No lifting over 10 pounds or bending is required. Large boxes are brought to work area on a computer controlled conveyor system that provides for off-loading onto a platform that can be raised or lowered to convenient work height. Small packages are placed in boxes and removed by the conveyor system. Standing surfaces are covered with special fatigue mats. Chairs are designed to accommodate people with back injuries. As desired, work benches can be raised or lowered to accommodate sitting or standing working positions.
 - b. Per Dr. White's instructions, you are not to lift more than ___ pounds during the light-duty period. You may take extra breaks as needed.
3. The hours of work will be from 0800 to 1630. You must respond to this offer no later than five days from the date of this letter. A copy of this letter will be provided to the Office of Workers' Compensation Programs (OWCP).

JAMES L. SMITH
Chief, Warehouse B

cc: HRO; ICPA; OWCP

Enclosure 1



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AAAA-CC

MEMORANDUM FOR

SUBJECT: Return to Duty (light duty)

1. This memorandum is to inform you that you are being carried on the rolls as a current U.S. Army civilian employee in a non-duty status, assigned as (job title and organization).
2. Our records show that you experienced an on-the-job injury on (DATE OF INJURY) and that you have been receiving Workers' Compensation benefits since your injury. You have been unable to perform the duties of your position since (DATE LAST REPORTED FOR WORK). However, we have been advised by (ATTENDING PHYSICIAN'S NAME) that results of your last evaluation dated (DATE OF APPOINTMENT) date indicates you are capable of working (NUMBER OF HOURS 2, 4, 6, 8?) per day, with restrictions. (SPECIFY RESTRICTIONS)
3. This is to advise you that we have work which falls within the parameters stated in your evaluation and that you would be able to perform. Accordingly, please contact (SUPERVISOR NAME), your supervisor, at (PHONE NUMBER), not later than (SPECIFY DATE) to discuss your return to duty date, work schedule, and specific duties you will be assigned.
4. If you have any questions, please feel free to call (SUPERVISOR NAME), at (SUPERVISORS PHONE NUMBER).

Supervisor's signature block
(VARIABLE 25-SIGNATURE BLOCK)
(2ND LINE)

Enclosure 2