

Instructions for Completing April 1 EO 94(05) Report

First gather the following:

1. Your agency's reports run from Visual Reports Studio (formerly G2Weblink). These reports can be found under Corporate Documents in the "COV Recommended Reports" category. Please see screen shot attachment for specifics on how to run your reports.

- WC RTW Event Report (CY08)
- WC Lag Time Report (CY08)

If you do not have access to Visual Reports Studio Information or if you need to add or delete a user, access the "Agency Contact Addition/Change form" at <http://www.dhrm.virginia.gov/workerscomp/agencyContactForm.pdf> and fax to DHRM Workers' Compensation at 804-786-8840.

2. Your Agency's Executive Order 94 Report from the OCI Report website provided by Unum regarding your non-occupational job modifications. These reports can be found by clicking "Create a Report" and then click on "Custom Report Wizards".

If you do not have access to the OCI website or need to add or delete a user on the website contact Leslie Brown at LJBrown@unum.com.

3. Your April 1, 2008 EO 94(05) Report

4. Any documents that support your agency's efforts to meet your goals from last year.

Template Instructions

Date of Report: _____ *Insert date of report*

_____ *Type or print the name of the agency*

_____ Agency Name *(please print)*

_____ *Type or print the number of the agency*

_____ Agency Number

Prepared by:

_____ *Print or type the name and title of the person preparing this document*

_____ Name and Title

This section lists the agency mandates under EO 94(05) and requires the signature of the agency head on the line below to certify that the agency is in compliance or actively working toward compliance.

Executive Order 94(05) mandates the following activities:

1. Ensure that job expectations are clearly defined in the employee work profile to include physical requirements
2. Evaluate and modify the agency's Workers' Compensation return-to-work policy to include non-work related periods of disability
3. Cooperate with the Department of Human Resource Management and the Virginia Sickness and Disability Program of the Virginia Retirement System to establish return-to-work opportunities appropriate for the individual employee and agency
4. Include in managers' performance expectations goals to reduce employee work-related and non-work related time
5. Establish strategies and practices to reduce lost time and to support the safe resumption of work for state employees
6. Evaluate annually those cases where employees were unable to return to work in a transitional and/or permanent capacity
7. Report by April 1st of each year to the Virginia Retirement System and the Department of Human Resource Management agency goals and strategies to reduce lost time
8. Submit the First Report of Accident to the State Employee Workers' Compensation Program within 10 days of the injury

The agency head signs here indicating that this document has been read, and all information included is correct and thus approved. (If the agency head has designated another person to sign this report, please attach the designation letter also.)

Agency Head Signature

Type or print the name and title of the agency head

Agency Head Name and Title *(please print)*

April 1EO 94 Report Template

The following is a template and your report should include this information MINIMALLY. You may, however include additional information to support required documentation.

April 1 EO 94 Report

I. Review of last year's efforts (if space provided is insufficient, use Attachment A)

- List the goals in numeric order that were to be met for the previous year. Please provide information on each goal that was included in your April 1, 2008 report.
- For each goal, indicate whether or not the goal was met.
- If the goal was met, tell us how you met your goal. List the actions taken to complete each goal listed. Make sure you include details and include steps if necessary.
- If the goal was not met, tell us what obstacles prevented you from meeting your goal and how you plan to meet it now.

If any goals remain to be completed, please list them in Section XI as future goals and provide timelines.

II. Physical Requirements/Employee Work Profiles

One of the agency mandates is to “ensure that job expectations are clearly defined in the employee work profile to include physical requirements.”

- Please confirm that all of your agency's employee work profiles include physical requirements.

III. Review of last CY08 return-to-work efforts

Attach return-to-work reports for CY08 which include both work and non-work related injuries/illnesses. You can access your “Workers’ Compensation Return-to-Work Event Report” with your Visual Reports Studio (formerly G2Weblink) account under the Corporate Documents, COV Recommended Reports link. Please see screen shot attachment for specifics on how to run your report. When you run this report, you must refresh the report. It will prompt you for the “from and to” dates that you want to run the report. Input the dates into the query and then hit the run query button. Run this report for the dates of January 1, 2008 – December 31, 2008.

First and foremost please fill out the chart for the VSDP non-occupational claim fields.

You can access your non-occupational job modifications reports for last year by going to the OCI website by going under the Create a Report tab. The EO 94 report will be listed under the Custom Report section.

In order to complete this report, your agency EO 94 report from Unum cannot show any job modification requests as “pending”. If you do still have modification requests listed as “pending” please go into your (enter report name here) and update the pending notifications to either accepted or declined, whichever is appropriate. If you need assistance with accessing and/or correcting your reports contact Leslie Brown at LJBrown@unum.com

B. Short-term Disability Claims

- List any obstacles that are hindering the agency’s return-to-work program.
- Please list all employees in the chart that your agency was unable to return to work in a permanent and/or transitional duty capacity in CY08. Please list the claim number. Please mark an X in one or both of the categories marked transitional/permanent depending on what the refusal category is. If permanent, indicate if your agency evaluated them under your agency’s ADA/EEO policy by indicating a Y for yes and a N for no. If you did not evaluate them under your ADA/EEO policy, please explain this also in your analysis section. Please provide your agency’s analysis on the case and process that your agency utilized when refusing this employee. Some employees might have been refused one or the other but some employees might have been refused both transitional and permanent duty. **Please note that if an employee is under Workers’ Compensation and the Virginia Sickness and Disability Program, the employee should only be included in Section D. Workers’ Compensation Claims as noted below. Do not include these employees in Section B.**

C. Long-term Disability Claims

- List any obstacles that are hindering the agency’s return-to-work program.
- Please list all employees in the chart that your agency was unable to return to work in a permanent and/or transitional duty capacity in CY08. Please list the claim number. Please mark an X in one or both of the categories marked transitional/permanent depending on what the refusal category is. If permanent, indicate if your agency evaluated them under your agency’s ADA/EEO policy by indicating a Y for yes and a N for no. If you did not evaluate them under your ADA/EEO policy, please explain this also in your analysis section. Please provide your agency’s analysis on the case and process that your agency utilized when refusing this employee. Some employees might have been refused one or the other but some employees might have been refused both transitional and permanent duty.

D. Workers’ Compensation Claims

- List any obstacles that are hindering the agency’s return-to-work policy and program.

- Please list all employees in the chart that your agency was unable to return to work in a permanent and/or transitional duty capacity in CY08. Please list the claim number. Please mark an X in one or both of the categories marked transitional/permanent depending on what the refusal category is. If permanent, indicate if your agency evaluated them under your agency's ADA/EEO policy by indicating a Y for yes and a N for no. If you did not evaluate them under your ADA/EEO policy, please explain this also in your analysis section. Please provide your agency's analysis on the case and the process that your agency utilized when refusing this employee.

IV. Personnel

- List your agency's return-to-work coordinator(s) and their contact information. Some agencies have a different return-to-work coordinator depending on if the injury/illness is work or non-work related. Please indicate this also.
- Some agencies use transitional employment teams to identify return-to-work opportunities. Please list the team members and their titles as applicable. Using a transitional employment team is not required.

V. Return-to-Work Policy

- Please indicate if you have revised your return-to-work policy since April 1, 2008.
- If yes, attach your new revised return-to-work policy.

VI. 10 Day Reporting of First Report of Accident

- Attach "Workers' Compensation Lag Time Report" for January 1, 2008 – December 31, 2008.
- You can access this report with your Visual Reports Studio (formerly G2Weblink) account under the Corporate Documents, COV Recommended Reports link. Please see screen shot attachment for specifics on how to run your report. When you run this report, you must refresh the report. It will prompt you for the "from and to" dates that you want to run the report. Input the dates of January 1, 2008 – December 31, 2008 into the query and then hit the run query button.
- After analyzing your lag-time report, please indicate if you had any injuries under Workers' Compensation that took more than ten days from the date of injury for the claims administrator to receive.
- If yes, complete the chart indicating the claim number, number of days from injury to claims administrator received date. Please provide your analysis on why the report was submitted after **ten** days and how you have made process changes to ensure that this mandate is followed.

VII. Workers' Compensation Panel Physicians

- If you have a panel of physician list, please attach this with your report.

VIII. Return-to-Work Training

- Please indicate the type of return-to-work training you have conducted in the past year, if any.

IX. New Employee Orientation

- Please indicate if you have incorporated VSDP, WC and return-to-work into your new employee orientation.
- If not, please indicate your rationale.
- If yes, briefly discuss your program(s).

X. Agency Compliance

- If the agency is not fully in compliance with EO 94(05), explain in detail what is being done or what will be done to comply with the mandate. If you answered “No” in Section II., please include in this section.

XI. Future Goals

- State next year’s goals and implementation strategies to reduce lost time within your agency; please include both work and non-work related strategies. These goals should focus on return-to-work strategies. Please number your agency’s goals and list as many as applicable. If Section I.B. lists any goals from CY08 that were incomplete, please add them in this section with associated timelines on how you will complete your CY08 goals. If Section II is incomplete, please add an additional goal with timelines on the inclusion of physical requirements within your employee work profiles. Make the goals specific, achievable and realistic. If additional space is needed, please use Attachment B.

XII. Assistance/ General Comments

As part of Executive Order 94(05), the Virginia Retirement System and Department of Human Resource Management shall:

- Provide training, consultation, and support for agency initiatives

- Include any requests for assistance from the Office of Workers’ Compensation that your agency may have. Please list who you want the Office of Workers’ Compensation to contact.
- Include any requests for assistance from the Virginia Retirement System that your agency may have. Please list who you want the Virginia Retirement System to contact.
- General Comments: List any general EO 94(05) or return-to-work comments in the last section. List anything that your agency is doing that may not be

specifically required by EO 94(05). This may be information that is proactive in nature and not necessarily based on data retrieved/analyzed. Highlight accomplishments and innovative ideas for your agency.

In our continuing efforts to reduce paper and copy usage and increase electronic transfer and storage of information, we have created an email box for the receipt of all EO 94(05) reports. Please email your report by April 1, 2009 to EO94@dhrm.virginia.gov. You may scan your report with your agency head's signature included on the cover sheet, or, if you do not have scanning capability, you may email your Word document and fax your signed cover sheet only to 804-786-8840.