

NATIONAL REASSESSMENT PROCESS (NRP) PHASE 2 - LIMITED DUTY PROCESS IMPLEMENTATION - OVERVIEW

| Responsible Team Member | Action | Description | Outcome |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| STEP 1 - HQ HRM Team Leader | Meet with Area and first selected District NRP teams | Train the Area Assessment Teams on the Phase 2 Limited Duty Process | Area and District NRP teams will be prepared to initiate implementation of the NRP Phase 2 Limited Duty process |
| STEP 2 - HQ's and Area NRP Team | Meet with District Senior Leadership | To introduce and initiate NRP Phase 2 Limited Duty and to confirm full Leadership and District Assessment Team support | District Senior Management will have been briefed on NRP Phase 2 Limited Duty process |
| STEP 3 - District Senior Management and designated DAT members | Schedule and hold a meeting with representatives of all unions and management organizations in the district | To inform the groups about the NRP Phase 2 Limited Duty process | All unions and management organizations will have been briefed on the NRP Phase 2 Limited Duty process |
| STEP 4 - Area HRM Team Leader, District HRM staff | Review the NRP workbook and Limited Duty employee Activity files | Update the NRP workbook and Activity files to ensure all Limited Duty employees are listed | NRP workbook will be prepared for Phase 2 Limited Duty implementation |
| STEP 5 - Area and District NRP Teams | Train District Management via MeetingPlace | Area and District teams will train management on their role in the process. District Management will be trained on the process and initial actions | District Management will be tasked with completing Initial Actions |
| STEP 6 - Area and District NRP Teams | DAT conducts Initial Actions and Area team commences review of the Initial Actions | District NRP Team will conduct all Initial Actions. | Managers and Supervisors will have completed Initial Actions and the DAT will take action on all Complete Day No Work determinations. |

**NATIONAL REASSESSMENT PROCESS (NRP)
 PHASE 2 - LIMITED DUTY PROCESS
 WORK STATUS MEETINGS - OVERVIEW**

| Responsible Team Member | Action | Description | Outcome |
|------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| STEP 1 - HQs / Area / District NRP Teams | Meet with Managers and Supervisors to determine implementation readiness | Review all proposed assignment determinations for accuracy (Full Day/Partial Day/Complete Day No Work) | Managers and Supervisors will be cleared to conduct Work Status Meetings with injured employees |
| STEP 2 - HQs / Area / District NRP Teams | Train facility Manager or Supervisor on Work Status Meeting format | Walk through all possible Work Status assignment determinations | Manager or Supervisor will be prepared to conduct Work Status Meeting with injured employees |
| STEP 3 - DAT | Conduct review of all Modified Assignment Documentation | DAT will review all Modified Assignment documentation for compliance | DAT will have completed a review of all Modified Assignments documentation |
| STEP 4 - Manager or Supervisor | When required, conduct Daily Work Status Meetings with injured employees | On a daily basis, the Supervisors will review available necessary tasks and make assignment determinations and then hold a daily work status meeting with the employee. | Injured employee's status will be reviewed and the employee will have been advised of the Daily Work Status determination |

**NATIONAL REASSESSMENT PROCESS (NRP)
 PHASE 2 - LIMITED DUTY PROCESS
 New Medical / New Injury - OVERVIEW**

| Responsible Team Member | Action | Description | Outcome |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| STEP 1 - Manager or Supervisor | Employee presents new medical documentation as an updated medical or from a new injury. | For updated medical documentation, determine if medical restrictions have changed, if so, proceed. For new injuries, determine if the employee has medical restrictions. | Manager or Supervisor will be prepared to initiate NRP, Phase 2, Limited Duty process. |
| STEP 2 - Manager or Supervisor | Managers and/or Supervisors will complete all Initial Action items | Assess employee based on the newly presented medical documentation to determine availability of necessary work. | Manager or Supervisor have completed Initial Actions requirements and will be prepared to conduct Work Status Meeting with injured employees |
| STEP 3 - Manager or Supervisor | Managers and/or Supervisors will complete all Work Status requirements and continue forward with Daily Determinations | Present Work Status determination to employee and elicit feedback regarding proposed assignment / action. Make assignment adjustments based on employee feedback, if necessary. | Employee will have been advised of Work Status determination. |

Stand Up Talk – National Reassessment Process



As you know, our district has initiated the Postal Service's National Reassessment Process. This process has been focused on reviewing all rehabilitation assignments, task by task, to ensure all assignments contain only necessary tasks. Our district will now be initiating the National Reassessment Process for limited duty employees, whereby limited duty assignments would be included in the National Reassessment Process.

As our operations become more automated, both in the plant and in customer services, it is becoming more difficult to provide productive and necessary tasks to employees within their medical restrictions. A team of management members from operations, medical, labor relations, and injury compensation functions here in the District was established to complete the process of identifying necessary tasks and placing employees with medical restrictions in these assignments. All assignments are based on a review of current medical restrictions; strict adherence and compliance with Postal and Federal policy/regulations as well as the collective bargaining agreements.

On a daily basis, if necessary tasks within employee's medical restrictions are not identified, the employee will be sent home for the remainder of their scheduled workday. Most employees will be advised to report back to their assignment on their next scheduled workday. When no necessary tasks can be identified within an employee's medical restrictions, the employee will be advised to report back to work upon receipt of updated medical restrictions. When there is no necessary work available, an employee can elect to file a claim for compensation from OWCP or use leave. Assistance will be provided in completion of all appropriate forms.

As our staffing needs continue to change, we are increasingly experiencing situations where sufficient productive or necessary assignments to accommodate injured employees are more difficult to find. We take our responsibility to all employees very seriously and will work to ensure they are afforded all rights under the Federal Employees Compensation Act.

National Reassessment Process, Phase 2, Limited Duty; Priority for Assignment Worksheet

Name of Employee: _____ DOI: _____ Claim No: _____
 Office/Installation _____ Tour _____ Finance # _____

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; within their craft, within their regular schedule (<i>tour</i>), and within their current facility. I have been unable to identify adequate work available for this employee within these requirements. Proceed to #2. NOTES:</p> | Supervisor/Manager Name |
| | Supervisor/Manager Signature |
| | Date |
| <p>2) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; <i>outside their craft</i>, within their regular schedule (<i>tour</i>), and within their current facility. I have been unable to identify adequate work available for this employee within these requirements. NOTES:</p> | Supervisor/Manager Name |
| | Supervisor/Manager Signature |
| | Date |
| <p>3) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; within their craft, <i>outside their regular schedule (tour)</i>, and within their current facility. I have been unable to identify adequate work available for this employee within these requirements. Proceed to #4. NOTES:</p> | Supervisor/Manager Name |
| | Supervisor/Manager Signature |
| | Date |
| <p>4) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; <i>outside their craft, outside their regular schedule (tour)</i>, and within their current facility. I have been unable to identify adequate work available for this employee within these requirements. Contact District Assessment Team (DAT) and forward copies of all search documents. NOTES:</p> | Supervisor/Manager Name |
| | Supervisor/Manager Signature |
| | Date |
| <p>SPECIAL NOTES TO SUPERVISORS AND MANAGERS: When No Work is Identified/Available for a <i>Complete Day</i>, HRM must be notified. When a <i>Partial Day</i> of work is provided, this worksheet must be completed daily.</p> <p>ADDITIONAL NOTES:</p> | Activity Start and End Date(s): <div style="text-align: center;"> _____ Thru _____ Work Hours Provided </div> <hr/> COP Requested <hr/> Sick Leave Requested <hr/> Annual Leave Requested <hr/> LWOP Requested <hr/> LWOP-IOD Requested |

USE OTHER SIDE OF THIS DOCUMENT FOR ADDITIONAL NOTES

National Reassessment Process, Phase 2, Limited Duty; Priority for Assignment Worksheet

Name of Employee: _____ DOI: _____ Claim No: _____

Office/Installation _____ Tour _____ Finance # _____

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>5) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; within their craft, within their regular schedule (tour), and <i>outside their current facility</i>. I have been unable to identify adequate work available for this employee within these requirements. Proceed to #6. NOTES:</p> | Supervisor/Manager Name <hr/> Supervisor/Manager Signature <hr/> Date <hr/> |
| <p>6) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; <i>outside their craft</i>, within their regular schedule (tour), and <i>outside their current facility</i>. I have been unable to identify adequate work available for this employee within these requirements. Proceed to #7. NOTES:</p> | Supervisor/Manager Name <hr/> Supervisor/Manager Signature <hr/> Date <hr/> |
| <p>7) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; within their craft, <i>outside their regular schedule (tour)</i>, and <i>outside their current facility</i>. I have been unable to identify adequate work available for this employee within these requirements. Proceed to #8. NOTES:</p> | Supervisor/Manager Name <hr/> Supervisor/Manager Signature <hr/> Date <hr/> |
| <p>8) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; <i>outside their craft</i>, <i>outside their regular schedule (tour)</i>, and <i>outside their current facility</i>. I have been unable to identify adequate work available for this employee within these requirements. NOTES:</p> | Supervisor/Manager Name <hr/> Supervisor/Manager Signature <hr/> Date <hr/> |
| <p>SPECIAL NOTES TO SUPERVISORS AND MANAGERS: When No Work is Identified/Available for a <i>Complete Day</i>, HRM must be notified. When a <i>Partial Day</i> of work is provided, this worksheet must be completed daily.</p> <p>ADDITIONAL NOTES:</p> | Activity Start and End Date(s): Thru <hr/> Work Hours Provided <hr/> COP Requested <hr/> Sick Leave Requested <hr/> Annual Leave Requested <hr/> LWOP Requested <hr/> LWOP-IOD Requested <hr/> |

USE OTHER SIDE OF THIS DOCUMENT FOR ADDITIONAL NOTES

page (2)

Date: ___/___/_____

Subject: Employee Leave Information Letter, Partial Day

Employee Name: _____ EID# _____

This informational letter is in regards to the modified assignment relative to your injury-on-duty. Following the guidelines established by the National Reassessment Process (NRP), Phase 2, Limited Duty; a search for necessary tasks meeting your medical restrictions within your regular hours of duty (tour) and within this office/facility and offices/facilities within the surrounding area was completed. Based on this search, we were unable to identify enough available necessary tasks within your medical restrictions, in order for you to complete a full day of work.

You need to complete a PS Form 3971 for the remainder of your workday. You can select COP (if eligible), leave or LWOP-IOD.

If you elect LWOP-IOD you should complete a CA-7 and a CA7a on a pay period basis, tracking your intermittent LWOP-IOD (recommended by the DOL/OWCP to be completed bi-weekly). Completion of these forms is required in order for you to file for compensation. The completed CA7 and CA7a should be returned to me at the end of the pay period.

Your selections for leave include LWOP, Sick Leave or Annual Leave. If you elect to use Annual Leave or Sick Leave, I must inform you that a leave buy-back will not be approved for Sick or Annual Leave used if your claim has already been approved by the Department of Labor, Office of Workers' Compensation Programs (DOL/OWCP).

Please contact me or HRM (Injury Compensation) if you have any questions, require information, or desire to meet with the District Reasonable Accommodation Committee (DRAC).

You should report back for duty at your normal reporting time on your next scheduled workday.

Supervisors Signature _____

Date ___/___/_____

Date: ___/___/___

Subject: Employee Leave Information Letter, Complete Day

Employee Name: _____ EID# _____

This informational letter is in regards to the search for a modified assignment relative to your injury-on-duty. Following the guidelines established by the National Reassessment Process (NRP), Phase 2, Limited Duty; the District Assessment Team (DAT) has completed a search for necessary tasks meeting your medical restrictions in all crafts and on all tours within your facility and throughout the Local Commuting Area (LCA) within the District boundaries. Based on this search, we were unable to identify any available necessary tasks within your medical restrictions.

You need to complete a PS Form 3971 for the remainder of the pay period or until your next medical appointment depending on which is sooner. In addition, if this action takes place in week 2 of the pay period, it is recommended that a PS Form 3971 be completed for the next pay period as well. You can select COP (if eligible), leave, or LWOP-IOD. Your selections for leave include LWOP, Sick Leave or Annual Leave.

If you elect to use Annual Leave or Sick Leave, I must inform you that a leave buy-back will not be approved for Sick or Annual Leave used if your claim has already been approved by the Department of Labor, Office of Workers' Compensation Programs (DOL/OWCP).

If you elect LWOP-IOD you should complete a one time only CA2A (Claim for Recurrence). You should also complete a CA-7 on a pay period basis (recommended by the DOL/OWCP to be completed bi-weekly unless otherwise notified by OWCP). Completion of this form is required in order for you to file for compensation. A completed CA7 should be returned to the HRM (Injury Compensation) office at the end of each pay period you are out of work.

You must update your medical documents (e.g.; CA17) on a regular basis or as determined by your treating physician. Upon receipt of all new or updated medical documentation, you are required to immediately provide this documentation for review of the medical restrictions and a new determination of available necessary tasks. Please contact your supervisor or the HRM (Injury Compensation) office if you have any questions, require information, or desire to meet with the District Reasonable Accommodation Committee (DRAC).

If your treating physician has determined you have reached Maximum Medical Improvement (MMI) as a result of your injury, you will continue to be reassessed by the Postal Service following the guidelines established by the National Reassessment Process, Phase 2, for Rehabilitation (MMI) employees; and you will be contacted with the results of that process.

You should not report back for duty unless you are contacted that necessary work tasks have been identified for you within your medical restrictions.

Supervisors Signature _____

Date _____

Date: ___/___/___

Subject: Employee Leave Information Letter, Refusal

Employee Name: _____ EID# _____

This informational letter is in regards to the search for a modified assignment relative to your injury-on-duty. Following the guidelines established by the National Reassessment Process (NRP), Phase 2, Limited Duty; a search for necessary tasks meeting your medical restrictions within your regular office/facility was completed. Based on this search, we identified a Limited Duty assignment within your medical restrictions and you refused to accept this assignment.

You need to complete a PS Form 3971 for the remainder of your workday and for the remainder of the pay period or until your next medical appointment depending on which is sooner. You can select COP (if eligible), leave, or LWOP-IOD; however, any COP or compensation requested from DOL/OWCP will be challenged because you refused this Limited Duty assignment.

If you elect LWOP-IOD you should complete a CA-7 on a pay period basis (recommended by the DOL/OWCP to be completed bi-weekly). Completion of this form is required in order for you to file for compensation. A completed CA7 should be returned to the HRM (Injury Compensation office) at the end of each pay period you are out of work.

In addition, your selections for leave include LWOP, Sick Leave or Annual Leave. If you elect to use Annual Leave or Sick Leave, I must inform you that a leave buy-back will not be approved for Sick or Annual Leave used if your claim has already been approved by the Department of Labor, Office of Workers' Compensation Programs (DOL/OWCP).

You must update your medical documents (e.g.; CA17) on a regular basis or as determined by your treating physician. Upon receipt of all new or updated medical documentation, you are required to immediately provide this documentation for review of the medical restrictions and a new determination of available necessary tasks.

Please contact me or HRM (Injury Compensation) if you have any questions, require information, or desire to meet with the District Reasonable Accommodation Committee (DRAC).

You should not report back for duty unless you: 1) elect to accept the most recently offered PS Form 2499, in which case, you should contact this office in advance; or 2) you are notified by the DAT that based on new or updated medical documentation a revised modified assignment consisting of necessary tasks is available.

Supervisors Signature _____

Date _____

NRP Phase 2 - Search Step 6

RESPONSIBLE TEAM MEMBER(S):

- Area NRP team – Health and Resource Management (HRM)
- District NRP team – HRM and Operations

ACTION 1

- The Area and District NRP teams will start preparing the Local Commuting Area (LCA) documentation for the installations represented by all employees listed on the Rehabilitation Worksheet of the NRP workbook.

- This is a two step process that includes determining the LCA for a specific installation and then determining all the installations that fall within the LCA for a specific installation.
- A copy of the LCA by installation must be placed in the activity file for all employees with MMI who work in that respective installation.

ACTION

- The District NRP team must identify all MMI employees (both MMI less than one year and MMI greater than one year) who are currently in a bid assignment or working a modified assignment (Limited Duty or Rehabilitation), and the entire assignment is determined to be necessary work.

OUTCOME:

Area and District NRP Teams will determine the LCA for the installations of all MMI employees and also will have identified employees who are currently in an assignment determined to be all necessary work.