

CITY OF WAUKESHA

PERSONNEL POLICY / PROCEDURE

SUBJECT:

Temporary Assignment of Alternative Productive Work (TAAP)

ISSUED:

5/5/00

NO:

G-8

SUPERCEDES:

9/17/96

PAGE: 1

OF: 2

~~**WHEREAS**, the City of Waukesha desires that employees unable to perform the essential functions of their regular job because of an injury or illness return to meaningful work, and where possible be temporarily assigned alternative productive work (TAAP) as provided by medical certification, and~~

~~— **WHEREAS**, the City of Waukesha does not assign employees to non-productive work just to keep an employee busy since it is believed that such an assignment would take away from employee dignity, it does however, desire to obtain the benefits of a temporary assignment of alternative productive work (TAAP) which maintains a level of activity which is productive, serves a therapeutic purpose and which quickens the employee's return to full assignment,~~

~~— **THEREFORE BE IT RESOLVED**, that from the date of adoption of this resolution the following policy is established:~~

~~**STEP 1-**~~

~~An employee injured or suffering an illness, at or away from work, will provide to their supervisor as soon as possible, written certification of any restrictions imposed upon them by a medical provider. This will include the projected duration of the restriction(s).~~

~~**STEP 2-**~~

~~The department management will evaluate the restriction(s) and determine if temporary assignment of alternative productive work is available. Department management may recommend assignment of the restricted employee to such available work. It is expressly understood that:~~

- ~~_____ a. No obligation exists for the City to provide, convert a regular job, or create temporary assignment of alternative productive work.~~
- ~~_____ b. Temporary assignment of alternative productive work does not create a regular employment opportunity, and is in fact made as a temporary assignment only which will terminate at the conclusion of a specified time period but will not exceed six (6) work months in duration. The specific end date of the assignment will be communicated clearly in writing to the employee upon temporary assignment of alternative productive work. Vacation and paid Holidays may be excluded in calculating the six (6) work month period. Unused accrued vacation may be used in lieu of a temporary assignment to alternative productive work.~~
- ~~_____ c. The amount of temporary assignment of alternative productive work available in any department will be determined by the department director based on the number of employees assigned such duty status.~~

CITY OF WAUKESHA

PERSONNEL POLICY / PROCEDURE

SUBJECT:

Temporary Assignment of Alternative Productive Work (TAAP)

ISSUED:

5/5/00

NO:

G-8

SUPERCEDES:

9/17/96

PAGE: 2

OF: 2

- ~~_____ d. Temporary assignment of alternative productive work is separate and distinct from and will not consist of any duties of the employees regular job.~~
- ~~_____ e. An employee who meets the requirement to receive a workers compensation entitlement, and who is certified as able to return to a temporary assignment of alternative productive work, may decline such assignment, if it is offered. As a result the employee may lose workers compensation payments, but is entitled to remain on unpaid FMLA leave until the twelve (12) week entitlement is exhausted.~~
- ~~_____ f. Temporary assignment of alternative productive work may be considered only when an _____ employee is certified as unable to perform the essential functions of their regular job.~~

~~STEP 3-~~

~~The Human Resources Department will be contacted immediately by a supervisor prior to their making a recommendation of assignment of a restricted employee to temporary assignment of alternative productive work status. The recommendation will be reviewed and approved by the Human Resources Director for compliance with FMLA, ADA, WC and this policy.~~

~~STEP 4-~~

~~_____ All temporary assignment of alternative productive work will be reviewed each 30 calendar day _____ period by the respective department director and the Human Resources Director.~~

Passed this _____ day of _____, 2000.

Approved this _____ day of _____, 2000.

Mayor

ATTEST:

City Clerk/Treasurer