

Memorandum



Long Island Rail Road

Date: May, 2009
To: Distribution
From: Michael Nersesian, Assistant Director-Employee Services
Re: Procedure for Returning to Work from Disabled-Sick (D/S)

This is to advise you of the procedure that is to be followed when an employee is returning to work following an absence due to illness.

The collective bargaining agreements specify the circumstances whereby an employee must obtain a Return to Duty Card or AR-3 (i.e. Employees represented by the UTU-MW Employees, NTSA, and IRSA and who are absent due to a D/S-related condition for a period of thirty (30) days or more and all other represented employees who are absent due to a D/S-related condition for a period of fifteen (15) days or more) and these employees are required to follow the procedure outlined below. In addition, regardless of the amount of days an employee is absent, if the employee is absent due to a surgical procedure or serious health condition, the employee should also follow the procedure outlined below.

Prior, or during, the time an employee is absent due a D/S condition, the employee should be advised to contact the LIRR Medical Facility to obtain the necessary forms and, if applicable, the employee's job description. This paperwork must be provided to their treating physician(s) for review and comment. When contacting LIRR Medical, the employee should provide their name, employee number, and department/position. In addition, the employee should provide the name(s), address(es), and phone/fax number(s) of their treating physician(s). The treating physician(s) must complete the required forms and can either fax them back to the LIRR Medical Facility and/or provide the completed forms to the employee. Failure to provide the forms, or incomplete forms, may delay the employee from returning to work and may result in the employee remaining in a D/S status until such time that completed documents are received and the employee is medically evaluated by LIRR Medical personnel.

If you have any questions, please contact the LIRR Medical Facility at (516) 248-3400.

Date: _____

Dear Doctor _____:

Your Patient, _____ has a diagnosis of

_____. Please review his/her job description for

_____ and sign below if you agree that your patient can

return to his/her current full-duty job at the LIRR.

Sincerely,

I, _____, reviewed the above-referenced job description and

Agree that my patient can safely perform the essential job functions without any

Restrictions on _____.

Doctor's Signature

Date