

	<b>DEPARTMENT OF PUBLIC SAFETY</b>  <b>CORRECTIONS</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> March 24, 2016	<b>POLICY NO.:</b> COR.03.10
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.03.10 & 4/21/10	
	<b>SUBJECT:</b> <b>ADULT CORRECTIONS OFFICER TEMPORARY LIGHT</b> <b>DUTY ASSIGNMENT</b>		Page 1 of 3

## 1.0 PURPOSE

To establish guidelines for the temporary light duty assignment of Adult Corrections Officers (ACOs) upon their return to duty after a work related industrial injury.

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- a. Hawaii Revised Statutes (HRS), 353C-2, Director of Public Safety; Powers and Duties
- b. Department Policy and Procedures (P&P), ADM.03.09, Personal Appearance and Dress Code.

### .2 Definitions

- a. Light Duty Assignment: For the purposes of this policy, light duty assignment for ACOs means reporting for work in civilian clothes (refer to ADM.03.09, non – uniformed employees), which comply with the Department’s personal appearance and dress code, work assignment is not related to a security function, work assignments conform to the limitations specified by the employee’s or employer’s physician on an Estimated Functional Capacity (EFC) report, and the officer is not counted on the security watch minimum.
- b. Security Functions: For purposes of this policy, a security function means inmate supervision, movement control of inmates (including the control of electronic or manual doors within and into the secured perimeter), transporting inmates, inmate visitor control, inmates escort, and facility perimeter patrol or surveillance.

## 3.0 POLICY

Upon approval by the Personnel Management Office (PER)-Employee Relations & Transactions (ERT) that a Corrections Officer may return to duty in a temporary light duty capacity, the officer shall be assigned duties in accordance with the provisions of this policy.

**NOT-CONFIDENTIAL**

<b>PSD</b>  <b>P &amp; PM</b>	<b>SUBJECT:</b>  <b>ADULT CORRECTIONS OFFICER TEMPORARY  LIGHT DUTY ASSIGNMENT</b>	<b>POLICY NO.:</b> <b>COR.03.10</b>
		<b>EFFECTIVE DATE:</b> <b>March 24, 2016</b>
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Temporary light duty assignment shall be on an as available basis. Light duty assignment shall be during daytime hours only. The workday shall consist of 8.75 hours; two ten (10) minute rest periods, with a 45-minute duty free lunch period.

Employees on light duty assignment shall pay for their lunch during the duration of the assignment.

#### **4.0 PROCEDURES**

- .1 The PER-ERT, upon notification from the employee's or employer's physician that the employee may return to light duty but assume only light duties, shall consult with the Chief of Security (COS) of the facility where the employee works to determine if light duty is available and what light duties shall be assigned to the employee. The duties shall conform to the physician's EFC report, and shall not include any security functions.
- .2 The COS, in conjunction with the facility Warden, shall develop a temporary light duty assignment sheet (TLDAS) for the employee by utilizing Form PSD 1226 (see attached). This provides a guide that outlines minimum requirements. The provisions on Form PSD 1226 may be expanded as necessary to fit the limitations of the EFC report.
- .3 Upon completion of the TLDAS, the COS shall forward a copy to the PER-ERT for review and acceptance. If applicable, PER-ERT shall have a physician, vocational rehabilitation counselor or occupational therapist review that TLDAS to determine whether the employee is medically capable of performing these assignments.
- .4 Upon receiving clearance form PER-ERT and establishment of what duties the employee shall perform, facility personnel shall arrange a meeting with the employee to discuss the assigned duties. The employee shall be notified of this meeting by the facility through Form PSD 1227 (see attached), Notice of Return to Duty, with a copy sent to the Union.
- .5 The employee shall sign and date Form PSD 1227 as acknowledgement of acceptance of the duty assignment. A copy of PSD 1227 with the light duty assignment sheet PSD 1226 shall be given to the employee and the original filed in the employee's personnel file.
- .6 Non acceptance of light duty placement may result in the following: Industrial Injury-Employee may be place on unauthorized leave without pay. Temporary Total Disability payments may be denied.

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.7 Periodic assessments on temporary assignments must be made as to whether qualifications for light duty are still valid.

**5.0 SCOPE**

This policy applies to all Adult Correctional Officers.

APPROVAL RECOMMENDED:

Godie Mausaka-Niata  
Deputy Director for Corrections

03/24/2016

APPROVED:

Jean P. Espino  
DIRECTOR

3/24/16

**TEMPORARY LIGHT DUTY ASSIGNMENT**

- A. Name: \_\_\_\_\_
- B. Report To: \_\_\_\_\_
- C. Date and Time to Report to Work: \_\_\_\_\_
- D. Work Hours: Second watch, five days per week, 8.75 hours per day, two ten minute rest periods per day, with a 45 minute duty free lunch period.
- E. Dress Attire: (in accordance with Non-Uniformed staff civilian in COR.03.04)
- F. Limitation: (in accordance with Estimated Functional Capacity Report.)
- G. Anticipated Duration of Temporary Assignment: (in accordance with the BFC.)
- H. Duties and Location: \_\_\_\_\_
- I. Duty Prohibited for Employees:
1. No security functions as defined in Policy COR.03.10.
  2. Not permitted to respond to any emergency situation as a back up which involves inmates.
  3. Shall not assume any tasks that may hamper the physical condition of the employee.
- J. If the employee experiences any difficulties while assigned the light duties outlined above, they are to report to \_\_\_\_\_  
(Name of Supervisor)

STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

\_\_\_\_\_  
(Correctional Facility/Program)

TO: \_\_\_\_\_  
(Name)

FROM: \_\_\_\_\_  
(Name)

SUBJECT: NOTICE OF RETURN TO DUTY

The Department Personnel Management Office has informed me that you have been medically cleared to return to duty but are to be assigned light duties for a temporary period. Prior to assuming these light duties you are to report to:

\_\_\_\_\_  
(Name)                      (Date/Time)                      (Location)

for a discussion addressing your duty assignments and duration. Your duty assignments and duration will be in accordance with the estimated functional capacity report from a physician.

A copy of your light duty assignments will be attached to this form after the discussion. You are to acknowledge acceptance of the provisions of the temporary duty assignment by signing this form after the discussion.

\_\_\_\_\_  
(Signature of Employee)                      (Date)

\_\_\_\_\_  
(Witness)                      (Date)