

OYSTER RIVER COOPERATIVE SCHOOL BOARD	Policy Code: GBGD-R1
Policy Committee: March 6, 2013 First Read School Board: March 20, 2013 Second Read/Adoption: November 6, 2013	Page 1 of 1

**TEMPORARY ALTERNATIVE DUTY PROGRAM
ACKNOWLEDGEMENT FORM**

In accordance with the provisions of RSA 281-A:23-b, the Oyster River Cooperative School District will provide temporary alternative work opportunities for employees who suffer a work-related injury or illness.

In accordance with RSA 281-A:25-a, employees who sustain a work related injury will be returned to their regular position within 18 months of the injury upon receipt of the attending physicians written approval that the employee is capable of performing the essential functions of the position, with or without reasonable accommodations. In the event that any resultant disability makes it impossible for an employee to perform the essential functions of their regular position with or without reasonable accommodations, the employee may, at the District's discretion, be reassigned to different duties or a different work schedule which may include assignment to a different department within the School District.

The specific assignment of duties shall be determined on a case-by-case basis pursuant to the physician's restrictions and the work available at the time of the injury or illness.

The School District has no obligation to provide temporary alternative work opportunities to employees who suffer a non-work related illness or injury.

STATEMENT OF ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of Policy GBGD – Workers' Compensation Temporary Alternative Work Program – and that my responsibilities were explained to me.

Employee's Signature

Date

Building Principal's Signature

Date