



Washington State Department of  
**Labor & Industries**

# **Vocational Rehabilitation Counselor's Guide to On-the-Job Recovery and Agreement**

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# Purpose of this Guide

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Return-to-Work Partnerships created this guide to help vocational rehabilitation counselors (VRCs) outline how a worker can safely return to work. Inside are practical tools for planning, documenting, and communicating with everyone involved.

If the worker is covered by a self-insured employer (SIE), the third-party administrator or the employer can also use these resources.

This guide includes:

- Conversation starters to help VRCs talk with workers, employers, and attending providers.
- Resources for job modifications and assistive technology.
- Guidance on navigating the return-to-work process, from identifying safe tasks to documenting the full plan.
- Separating fact from fiction – for workers and employers.
- Step-by-step instructions for completing the [On-the-Job Recovery Agreement \(F280-079-000\)](#).
- Billing guidance.

On-the-job recovery is an easy way to describe any situation where a worker returns to work with temporary changes. On-the-job recovery encompasses multiple strategies, such as light duty, modified work, or transitional duty. All strategies address the same idea: helping a worker stay active and connected to work while they heal.

Returning to work gradually allows a worker to return to their job of injury or a modified version of it within their medical restrictions.

# On-the-Job Recovery: Overview

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Vocational rehabilitation counselors (VRCs) help workers, employers, and medical providers stay connected during recovery. One of the most effective ways to support a worker is to look for safe job options they can perform while they heal.

On-the-Job Recovery works best when you:

| Step | Who                          | What happens                                                                                | Why it matters                                                           |
|------|------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1    | Start with the worker        | Ask the worker about the parts of their job they can perform and what needs to be modified. | Using a worker-centric approach builds trust and realistic expectations. |
| 2    | Talk to the employer         | Discuss with the employer what the worker needs and whether it's practical.                 | Confirms the adjustments are feasible.                                   |
| 3    | Review by attending provider | Review plan for medical safety.                                                             | Confirms On-the-Job Recovery Agreement is medically safe.                |

This process helps the worker stay connected to both their recovery and workplace. Employers benefit by keeping trained staff and avoiding long periods of downtime.

# Step 1: Start with the worker

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## Talking with workers about returning to work

Using a worker-centered approach is key to starting conversations with workers about how they perform their job and what modifications are needed for them to return to work.

## Worker's benefits of returning to work

| Benefit                 | What it means for the worker                                            |
|-------------------------|-------------------------------------------------------------------------|
| Reduced disability risk | Staying active supports recovery                                        |
| Continued benefits      | Keeps health care and retirement coverage                               |
| Wage support            | <a href="#">Loss of Earning Power</a> benefits may replace lost income. |

## Conversation starters with workers

Lead the discussion about on-the-job recovery by starting with questions such as:

- “Have you talked with your employer about returning to work?”
- “What job tasks feel safe or comfortable for you right now?”
- “What concerns or fears do you have about returning to work?”
- “What support or changes would help you return to work now?”
- “Would assistive technology or changing how you perform certain tasks make work easier or safer?”

## Separating fact from fiction for workers

| Fiction                                                        | Fact                                                                                                                | Where to learn more                  |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| My claim benefits will end if I return to work.                | You can get medical care while you work. L&I has programs that help with wages and work equipment.                  | <a href="#">Getting Back to Work</a> |
| I cannot return to work in a job where I am making less money. | You can go back to work even if it pays less than before your injury. L&I may help replace part of your lost wages. | <a href="#">Wage Replacement</a>     |

| Fiction                                                                                                                                                     | Fact                                                                                                                                                                          | Where to learn more                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| My employer must bring me back to my job of injury.                                                                                                         | Your employer doesn't have to hold your old job. Washington is an at-will state. Some workers may get job protection through Paid Family and Medical Leave (if they qualify). | <a href="#">Paid Family &amp; Medical Leave (FMLA) – L&amp;I</a><br><br><a href="#">Family and Medical Leave Act – U.S. Department of Labor</a><br><br><a href="#">Washington State Paid Family and Medical Leave (FMLA) – Job protection for employees</a><br><br><a href="#">Industrial Insurance Discrimination Complaint Form</a> |
| I must take any job my employer offers, even if I'm still healing.                                                                                          | The job must match your medical restrictions. Your employer must give details about the duties. If you're unsure you can do the tasks, talk to your medical provider.         | <a href="#">Light Duty Job – L&amp;I</a><br><br><a href="#">Revised Code of Washington (RCW) 51.32.090, RCW 51.32.096)</a>                                                                                                                                                                                                            |
| My employer has to agree to me returning to work.                                                                                                           | They only decide if you return to <i>their</i> business. You are free to work for someone else.                                                                               | <a href="#">Getting Back to Work</a>                                                                                                                                                                                                                                                                                                  |
| I must return to the same type of work I did before.                                                                                                        | You may return to any work you can perform safely, even a different job or new career.                                                                                        | <a href="#">Getting Back to Work, Labor &amp; Industries at WorkSource</a>                                                                                                                                                                                                                                                            |
| I cannot return to work until my medical treatment is complete. I need to be at 100% to return to work and cannot return to work until my claim has closed. | You do not need to be 100% recovered to work. Many workers return before treatment ends, and working can help recovery.                                                       | <a href="#">Getting Back to Work,</a><br><a href="#">Job Modifications</a><br><br><a href="#">Pain Management and Work Rehabilitation,</a><br><br><a href="#">Activity Coaching</a>                                                                                                                                                   |

## Types of job modifications

| Type        | Definition             | Example                                                                                                                                                                                                                    |
|-------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Job tasks   | What work is done.     | <ul style="list-style-type: none"><li>• Start with what the worker can do today.</li><li>• Slowly increase duties until they reach their goal.</li><li>• Clearly label the start and end dates of modifications.</li></ul> |
| Work method | How work is performed. | <ul style="list-style-type: none"><li>• Using help from a coworker.</li><li>• Using tools or equipment to make tasks easier.</li></ul>                                                                                     |
| Schedules   | When work is done.     | <ul style="list-style-type: none"><li>• Working fewer hours or days.</li><li>• Adding extra breaks.</li><li>• Worker gradually returns to their normal schedule.</li></ul>                                                 |

## Resources for modifications:

VRCs are responsible for identifying job modifications that support returning a worker to employment. For more details see:

- Washington Administrative Code [\(WAC\) 296-19A-050](#)
- Revised Code of Washington [\(RCW\) 51.32.095](#) (return-to-work priorities)

Below are more resources you can use as you develop a return-to-work plan:

- [Job Accommodation Network \(JAN\)](#)
- [L&I Job Modifications program](#)
- [Job Demands and Accommodation Planning Tool \(JDAPT\)](#)
- [JDAPT video overview](#)

Additionally, Washington State also offers lending libraries for short-term equipment trials:

- [Pacific Northwest Adaptive Technology Library](#)
- [Washington Assistive Technology Act Program \(WATAP\)](#)

## Step 2: Talk to the employer

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After you and the worker complete the On-the-Job Recovery Agreement, your next step is to share the plan with the employer. Employers should know how simple and inexpensive temporary modifications can be.

Employers are more likely to agree to a return-to-work plan when it includes:

- Clear limits
- A time-based structure
- Specific tasks

### Supporting a worker's return to work can:

- Reduce claim costs
- Lower turnover
- Improve workplace morale
- Lower insurance premiums
- Reduce the need for hiring and training new staff

### Conversation starters with employers:

- "Can you consider adjusting the worker's schedule to support a gradual return to work?"
- "Have you considered more breaks or adjusted start times to help the worker recover safely?"
- "What job tasks could be temporarily changed or reassigned?"
- "Do you have concerns about providing help, equipment, or other supports?"
- "Can we review the job description together to identify essential tasks that might be modified?"
- "Would assistive technology or ergonomic changes help the worker return safely?"
- "How would you like to stay in communication with the worker and their provider as they progress?"
- "What are your long-term goals for this worker's position? How could modified duty support those goals?"

### Resources for employers

These tools help employers create job offers that meet state requirements:

- [Help Your Employee Return to Work, RCW 51.32.090, RCW 51.32.096](#) includes examples of return-to-work job offers and job descriptions.
- [Return to Work Job Offers](#) has a fillable job offer template.
- [Employer Incentives programs](#) include [Early Return to Work Consultations](#), [Stay at Work Program](#), [Claim Free Discounts](#), and the [Preferred Worker Program](#).

## Employer concerns

Vocational rehabilitation counselors report that employers often say they want the worker to be 100% recovered before returning. You can help alleviate common concerns:

| Employer concern       | What to reassure them                                                                                                                | Business benefit                                                                                         |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Fear of re-injury      | Medical limits are set by provider.                                                                                                  | Supports safe recovery.                                                                                  |
| Finding suitable work  | Assistance is available from vocational rehabilitation counselors and L&I to help identify safe tasks within the worker's abilities. | Stay At Work incentives and potential modification funding.                                              |
| Impact on productivity | Modified work does not have to slow operations.                                                                                      | It often takes longer to train a replacement than to bring back an experienced worker in a limited role. |
| Worker attitude        | Communication reduces fear.                                                                                                          | Improves morale.                                                                                         |

## Separating fact from fiction for employers

| Fiction                                                                                  | Fact                                                                                                                                                                                             | Where to learn more                                                                                                                                                                           |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If a worker gets time-loss money, they cannot return to work.                            | A worker can return to work while receiving benefits. If they earn less than before the injury, L&I may help replace part of the lost wages.                                                     | <a href="#">Wage Replacement (Loss of Earning Power)</a>                                                                                                                                      |
| Once an employer offers a job, the worker must take it — even if they are still healing. | The job must meet the worker's medical restrictions. The employer must describe the duties and physical demands. If the worker cannot safely do the tasks, their medical provider should decide. | <a href="#">Help Your Employee Return to Work,</a><br><a href="#">RCW 51.32.090, RCW 51.32.096)</a>                                                                                           |
| Employers get no benefit from bringing a worker back before they are 100% recovered.     | L&I offers financial incentives to help employers bring workers back while they recover. These programs lower the cost of wages, training, and equipment.                                        | <a href="#">Stay at Work</a><br><a href="#">Preferred Worker Program</a><br><a href="#">Early Return to Work Consultation</a><br><a href="#">Employer Incentives Workshops &amp; Webinars</a> |
| Employers must pay for job changes or special equipment.                                 | L&I may pay for equipment or changes to the worksite that help a worker return safely.                                                                                                           | <a href="#">Job Modifications</a>                                                                                                                                                             |

## Step 3: Review by attending provider

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Attending providers usually understand that it's best practice in occupational medicine to help the worker return to work during treatment. Early return to work can help prevent long-term disability. In most cases, providers should put limitations on risky activities during recovery instead of keeping the worker out of the workplace.

Bring the form to review with the doctor after the worker and employer agree on job modifications. This supports and respects the doctor's role to focus on medical risks, rather than on workplace accommodations.

Remind the doctor that they can bill for their time reviewing and discussing the plan.

### Questions for attending providers

| Question                                                                                                                                  | Purpose                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| "Is there any risk of harm for the worker if they perform the tasks listed here?"                                                         | Confirms safety.                               |
| "Are these adjustments medically appropriate based on what you know about the worker's condition?"                                        | Ensures modifications fit the worker's limits. |
| "Does the gradual increase in hours and physical tasks match your expectations for this worker's recovery timeline?"                      | Checks alignment with medical progress.        |
| "We considered the physical demands and the worker's current restrictions. Do you have any suggestions or changes to the modified tasks?" | Invites feedback and corrections.              |
| "How often would you recommend checking in on the worker's progress as they return to work?"                                              | Supports ongoing monitoring.                   |
| "Are there any limits or restrictions we might have missed?"                                                                              | Ensures nothing is overlooked.                 |

# Billing

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Attending providers can bill for reviewing the On-the-Job Recovery Agreement.

For details, see [MARFS chapter on Reports and Forms](#).

# How to fill out the form

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The purpose of the [On-the-Job Recovery Agreement \(F280-079-000\)](#) is to document how a worker will safely perform job tasks while recovering from an injury or illness. The agreement describes how work activities will follow the medical restrictions provided by the medical provider on the Activity Prescription Form (APF) or other provider guidance. It does not establish medical restrictions.

**Agreement Type:** At the top of the form, select the agreement type.

- Select **Original** if this is the first agreement for the worker. A new On-the-Job Recovery Agreement should be started as soon as the attending provider agrees the worker can return to work with modifications.
- Select **Modified** if the agreement is being updated.
- Enter the modification date when work restrictions, work capacity, job tasks, or schedules change.

**Basic Information:** Worker name; claim number; target job title; employer/contact.

**Strengths:** Qualities or characteristics that may support recovery and successful work participation. Examples:

- Positive work habits
- Good communication with the employer
- Support at home

**Restrictions:** Medical restrictions and concerns provided by the medical provider. The restrictions are listed to explain why job tasks or schedules may need to change. In this section, note the following:

- Ensure restrictions match the APF or provider guidance.
- Do not create or change medical restrictions.
- Describe concerns that may affect work participation.

**Modification table:** Describe how the worker will perform job tasks within the medical restrictions.

**Date:** Identify the starting date.

**Increases:** Describe how work capacity will increase over time for each modification.

**Frequency:** The interval between increases.

**Job of Injury (JOI) Target:** For each modification, provide both the ending values and ending date. Remember to:

- Ensure tasks follow the restrictions on the Activity Prescription Form (APF)
- Explain how modification will be performed
- Include supports such as equipment, team assistance, or seated work.

**Additional Information:** Record details here that may affect successful return to work. Only include information that is not included in other sections of the plan. Include things such as:

- Medical appointments, procedures, or treatments.
- Triggers you have identified that signal the On-the-Job Recovery Agreement needs to be modified.
- Other modifications identified as unrelated to the worker's L&I claim.

For example:

- Wrist surgery on 12/2/2026.
- Temporary transportation limits during wrist surgery recovery.
- Use of ergonomic keyboard unrelated to L&I claim.

**Pain Management Plan:** Strategies that support the worker's ability to participate in work while recovering. Managing pain may include medical pain management, non-medical strategies, or a combination of the two.

Importance of pain management plan:

- Many workers fear that pain means more injury or permanent damage, which can slow recovery.
- Acknowledging pain as real and valid builds trust and reduces fear.
- Stress, anxiety, low mood, job concerns, and prolonged time off work can increase how pain is felt.

The focus should be on how pain is understood, supported, and addressed during the healing process, not on providing treatment or advice.

**Medical pain management:** Interventions prescribed by medical providers. Not all workers will have a medical pain management plan.

Examples:

- Prescriptive medications
- Medical devices such as Transcutaneous Electrical Nerve Stimulations (TENS unit)

**Non-medical pain management** refers to methods used to relieve or reduce pain without drugs or medical procedures. This is often what the worker has done in the past to cope with a headache or body ache.

Examples:

- Daily breathing exercise upon waking
- Counting daily steps and gradually increasing as appropriate

### **Cognitive/Emotional/Behavioral Management Plan**

If the worker has a brain injury or mental health condition, document the supports recommended by the provider that may help the worker participate in recovery and work.

Include supports such as:

- Coping strategies
- Communication supports
- Other provider recommendations

Enter “None” if no supports are recommended.

This On-the-Job Recovery Agreement has been created in partnership with and approved by:

Signatures are not required, however:

- List individuals who were consulted when developing the agreement.
- Include their role and the date of the discussion.

All parties should be provided with a copy of the initial agreement and all modified agreements.

## Agreement Example – John Watson

No accommodations/assistance

No cognitive/emotional/behavioral management plan

|                                                                                                                                                                                                                                                                                                  |                          |                                                               |                                                                                                            |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>Worker Name:</b> John Watson                                                                                                                                                                                                                                                                  |                          |                                                               | <b>Claim Number:</b> BS331331                                                                              |                                                |
| <b>RTW Job Title:</b> Modified fire sprinkler Installer                                                                                                                                                                                                                                          |                          |                                                               | <b>Employer/Contact:</b> Mr. Holmes                                                                        |                                                |
| <input type="checkbox"/> Job of Injury Job Analysis is attached for reference<br><input checked="" type="checkbox"/> Job Description of target position (RTW2)                                                                                                                                   |                          |                                                               |                                                                                                            |                                                |
| <b>Strengths:</b> Weight bearing<br>Regular footwear approved (Modification of JOI)<br>Occasional ladder work                                                                                                                                                                                    |                          |                                                               | <b>Restrictions/Concerns:</b> Work 4-hour shifts initially. Limited initial ladder climbing to occasional. |                                                |
| <b>Modification</b>                                                                                                                                                                                                                                                                              | <b>Starting capacity</b> | <b>Increase by</b>                                            | <b>Every</b><br>Frequency of Increase                                                                      | <b>JOI Target</b>                              |
| Dates                                                                                                                                                                                                                                                                                            | 08/05/25                 |                                                               |                                                                                                            | 9/5/2025                                       |
| <input checked="" type="checkbox"/> Schedule/Pacing<br>Hours per day/days per week/Breaks                                                                                                                                                                                                        | 4 hours per day          | +2 hours per day                                              | Every 2 weeks                                                                                              | 8 hours per day                                |
| <input checked="" type="checkbox"/> Duties<br>Functions and/or physical/cognitive capacities                                                                                                                                                                                                     | 1 climb per day          | 8/12/25 2to3<br>8/19/25 3to4<br>8/26/25 4to6<br>9/2/25 6 to 8 | Every week: Advance only if symptoms remain stable.                                                        | Frequent: 6-8 climbs per hour in 8-hour shift. |
| <input type="checkbox"/> Accommodation/ Assistance                                                                                                                                                                                                                                               |                          |                                                               |                                                                                                            |                                                |
| <b>Additional Information:</b> 1 climb = 1 ascent + 1 descent. Mr. Watson will monitor his pain and balance while climbing ladder. If needed, he will use a step stool or short ladder before progressing to full extension ladders. His supervisor will ensure he isn't overreaching at height. |                          |                                                               |                                                                                                            |                                                |
| <b>Pain Management Plan:</b><br>Allow rests between ladder climbs until he reaches JOI capacity.<br>Follow PT recommendations for stretching and exercise.                                                                                                                                       |                          |                                                               | <b>Cognitive/Emotional/Behavioral Management Plan:</b><br>None                                             |                                                |

## Agreement example: Jane Marple

More detailed plan

|                                                                                                                                                                                                                |                                                                             |                                                                                                                                                                                                                                 |                                      |                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|
| <b>Worker Name:</b> Jane Marple                                                                                                                                                                                |                                                                             | <b>Claim Number:</b> MY123456                                                                                                                                                                                                   |                                      |                                                                       |
| <b>RTW Job Title:</b> Merchandiser                                                                                                                                                                             |                                                                             | <b>Employer/Contact:</b> Cheap Stuff                                                                                                                                                                                            |                                      |                                                                       |
| <input checked="" type="checkbox"/> Job of Injury Job Analysis is attached for reference<br><input type="checkbox"/> Job Description of target position (RTW2)                                                 |                                                                             |                                                                                                                                                                                                                                 |                                      |                                                                       |
| <b>Strengths:</b> Ms. Marple enjoys her job and has a supportive employer. She meets the majority of the physical requirements for her job.                                                                    |                                                                             | <b>Restrictions/Concerns:</b> Jane is concerned about re-injury. AP has restricted her first week to no bending kneeling or overhead reaching. Her employer is concerned about how long she will be at less than full capacity. |                                      |                                                                       |
| <b>Modification</b>                                                                                                                                                                                            | <b>Starting capacity</b>                                                    | <b>Increase by</b>                                                                                                                                                                                                              | <b>Every Frequency of Increase</b>   | <b>JOI Target</b>                                                     |
| Dates                                                                                                                                                                                                          | 09/15/2026                                                                  |                                                                                                                                                                                                                                 |                                      | 11/17/26                                                              |
| <input checked="" type="checkbox"/> Schedule/Pacing Hours per day(s)/ per week/Breaks                                                                                                                          | 4 hours a shift                                                             | 1 hour per shift                                                                                                                                                                                                                | 2 weeks                              | 8 hours per shift                                                     |
| <input checked="" type="checkbox"/> Duties Functions and/or physical/cognitive capacities                                                                                                                      | Begin by staging merchandise at shoulder level                              | Add shelf levels in this order: Below shoulder-level. Top shelf. Knee level. Bottom shelf.                                                                                                                                      | 2 weeks until 10/27/26, then weekly. | All 6 shelf levels.                                                   |
| <input checked="" type="checkbox"/> Accommodations/ Assistance                                                                                                                                                 | Help from coworkers with "u boat."<br>Use stool for bottom shelf if needed. | Independent as tolerated.                                                                                                                                                                                                       | 2 weeks until 10/27/26, then weekly. | No assistance is required.<br>Stool use is optional based on comfort. |
| Additional Information: Employer will check in with her on Mondays, and VRCs will contact her on Thursdays. If she finds increasing hours or duties difficult, VRC will assist with developing a new schedule. |                                                                             |                                                                                                                                                                                                                                 |                                      |                                                                       |
| <b>Pain Management Plan:</b><br>Topical OTC ointment.<br>Stretching as needed.<br>Stay hydrated.                                                                                                               |                                                                             | <b>Cognitive/Emotional/Behavioral Management Plan:</b><br>Normalize emotional responses (fear of re-injury, perceived injustice and anxiety about the future) and provide referral to BHI if indicated.                         |                                      |                                                                       |

For more information or to request a copy of the research used in creating this guide, send an email to: [VocRecoveryProject@Lni.wa.gov](mailto:VocRecoveryProject@Lni.wa.gov)