

**CORPORATION OF THE TOWNSHIP  
OF SOUTH ALGONQUIN**

<b>SUBJECT:</b>	<b>RETURN TO WORK</b>			
<b>TYPE:</b>	HEALTH AND SAFETY	<b>POLICY NO. HS-006-00</b>		
<b>DATE:</b>	<b>REVIEW DATE:</b>	<b>FREQUENCY:</b>	<b>REL. BY-LAW:</b>	<b>PAGE #:</b>
July 29, 2008		As Required	08-325	1 of 13
<b>Revisions</b>				
July 29, 2008 New Policy				

**I. Purpose:**

Under the Ontario Human Rights Code (OHRC) all employers have a duty to accommodate the work or workplace in order to meet the needs of the disabled persons to the extent of undue hardship.

The Corporation of the Township of South Algonquin makes every effort to assist an injured/ill employee to stay at work or to return to work (RTW). The RTW program will ensure that, as a Township, we are committed and able to supply modified/accommodated duties to all employees, where possible, without undue hardship.

The Township encourages co-operation in the worker's early and safe return to suitable and available work that, when possible, restores the worker's pre-injury/pre-illness earnings. The focus of the return to work program is to work with each other to identify and return the worker to suitable work that is more comparable in nature and in earnings to the pre-injury/pre-illness job.

**II. Scope:**

This policy applies to all employees with an occupational/non-occupational injury, illness, or disability regardless of its cause, type or nature which results from absence from work.

**III. Policy Statement:**

The Township will make every reasonable effort to provide suitable return to work opportunities for every employee who is unable to perform his or her regular duties following an occupational/non-occupational injury or illness.

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#### IV. Definitions:

**Employee** means everyone employed either as a permanent, temporary or casual worker by the Township is covered under WSIB.

As it refers to non-occupational injury/illness, for the purpose of this policy, employee means persons working for the Township with permanent or permanent-part-time status.

**Essential duties** refer to the bona fide duties or job functions required to fulfill the work on a day-to-day basis.

**Suitable work** is work that meets all of the following criteria:

- It is within the worker's functional abilities
- It can be performed with the skills the worker has, or skills that can be acquired
- It does not pose a health or safety risk to the worker or his or her co-workers
- If possible, it restores the worker's pre-injury/illness earnings
- It must be available at the pre-injury/illness site or at a comparable worksite.

**Alternative work** means different work or work that does not necessarily involve similar skills, responsibilities, and compensation but is meaningful and productive.

**Temporary alternative work** means different work or work that does not necessarily involve similar skills, responsibilities and compensation which is necessary for a temporary basis while the employee is unable to accomplish the pre-injury job.

**Occupational injury/illness** means an injury/illness that is a direct result of work or actions performed at work or on the work site. These injuries/illnesses are covered under the Workplace Safety and Insurance Board (WSIB) and the RTW Program is managed by/with the immediate supervisor and Clerk-Treasurer in co-operation with WSIB.

**Health Care Professional** for the purpose of this policy refers to a medical doctor, chiropractor, or physiotherapist.

#### V. Responsibility:

**Employee** responsibilities are:

- To report any occupational/non-occupational illness/injuries to the supervisor immediately or as soon as is possible.
- To assume any costs-fees associate with completion of the medical questionnaire by a health care professional.
- To take an active role in the development, progress and completion of his/her own RTW plan.
- To co-operate with all requests for documentation.
- To attend all scheduled RTW meetings.

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- To participate and be in regular contact with their supervisor until such time that he/she returns to full duties.
- To ensure that appointments with health care professionals are continued while on modified duty. These appointments are to be arranged whenever possible during non-work hours.
- To obtain the necessary forms from the treating health care professional, as may be required, by the Township.
- To communicate any concerns with the RTW plan to their supervisor.
- To communicate any required changed/modifications needed to their RTW plan to their supervisor as soon as they are known.

**Supervisor** responsibilities are:

- To advise the employee (injured/ill worker) of the availability of alternate work and provide the required forms.
- Meet with the employee and establish written goals and objectives. These will be established and agreed upon by the employee, supervisor and the Clerk-Treasurer to assist in the creation of, and support the employee's RTW case plan.
- To maintain communication with the employee on modified duties and monitor their progress and the effectiveness of the plan on an individual case-by-case basis.
- To inform other employees in the department as may be required.
- To communicate and assist in the evaluation of the plan's effectiveness through regular meetings scheduled with the employees.
- Communicate with the injured/ill worker regularly and document the communication. Communication (i.e. once a week or as frequently as may be required) should be determined on a case-by-case basis.
- As appropriate, schedule regular communication with the employee (injured worker).
- To ensure that the job description(s) and **job tax assessment(s)** are up-to-date and reflect current business processes.

**Clerk-Treasurer** responsibilities are:

- To support communication between the supervisor, the employee, and the treating health care professional and participate in the development of a RTW plan, if applicable.
- To assist in the modification of the workplace to meet individual RTW plans. To determine in consultation with the supervisor (if applicable), if the position can be modified.
- To monitor the progress of the employees modified duties with the employee and supervisor. Ensure medical follow-up is obtained (as determined in the RTW plan). The schedule of meetings will be decided on a case-by-case basis.
- Determine and maintain medical monitoring and treatment with the use of the functional Abilities (occupational) or the medical questionnaire (non-occupational). The frequency of medical contacts will be determined on a case-by-case basis.

**Council** responsibilities are:

- To provide a fair and consistent RTW policy and procedure to all employees who become injured or ill whether or not it is occupational or non-occupational related.
- To provide a meaningful employment for employees who are temporarily or permanently disabled and promote the stay at work or return to work procedure to the point of undue hardship.

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- To support the modification of the workplace to meet individual RTW plans.
- To encourage employee participation and promote co-operation.
- To ensure that all training on this procedure occurs and is evaluated.
- To ensure that there are job descriptions, **including job risk assessments** for every job and that they reflect current business processes.

**Health and Safety Representative(s)** responsibilities are:

- To review any corrective action as a result of a workplace injury/illness during the next scheduled workplace inspection.
- To receive statistical information on workplace injuries and illnesses and make recommendations as appropriate.

**Health Care Professional(s)** responsibilities are:

- To provide up-to-date medical information, as requested.
- Fill in forms, as requested.
- Act as a resource.

**Workplace Safety and Insurance Board (WSIB)** responsibilities are:

- Process information regarding occupational injuries/illnesses on a timely basis to provide service and support to the employer and employee for a successful RTW.
- Act as a resources i.e. education, case management dispute resolution, ensuring compliance with cooperation and re-employment obligations, and providing labour market re-entry services.

Reporting requirements to the WSIB

- Wage changes
- Changes in duties/duration of program
- Failure to cooperate; failure to provide required/requested information
- End of program

**Independent Medical Examiner** responsibilities are:

- To independently evaluate medical information, meet with employee and provide a written independent medical evaluation as requested.
- Fill in forms, as requested.

## VI. Standards

An employee-initiated alternative work arrangement must consider the circumstances of the individual's return to work. The medical questionnaire will govern the return to work. If an employee asks to be reinstated in a previous position before the time period indicated on the medical questionnaire, the supervisor will request a new medical questionnaire be completed.

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Some of the following considerations may assist employers in determining whether such accommodation is available:

- Is alternative work possible and available, at present or in the near future?
- If it is not available, can a new position be created without causing undue hardship?
- Does it require additional training and does the training impose undue hardship?
- Do the tasks performed match the job description, or is there flexibility in the workplace with regard to an employee's responsibilities?
- What are the past practices of the workplace? How interchangeable are workers?
- Do employees frequently change positions either permanently or temporarily for reasons other than disability accommodation?

Depending on how the previous questions are answered, accommodation may include job restructuring, reassignment to open positions, retraining for alternative positions or job bundling if that would not constitute undue hardship for the employer. In the final analysis, the employee must be able to perform a useful and productive job for the employer.

The duty to accommodate does not necessarily guarantee a limitless right to return to work.

The right to return to work for persons with disabilities only exists if the worker can fulfill the essential duties of the job after accommodation, short of undue hardship. If a person cannot fulfill the essential duties of the job, despite the employer's effort to accommodate short of undue hardship, there is no right to return to work. However, there may also be a right to alternative work.

#### 1. Occupational Injury/Illness

All employees are required to report any occupational injury/illness to their supervisor immediately or as soon as is reasonable, as per the Injury/Illness/Incident Investigation Policy (HS-004-00) and other Township Health and Safety policies.

Upon learning of an occupational injury/illness the employee's supervisor will follow the procedure outlined in the Injury/Illness/Incident Investigation policy.

If it is determined that the injured/ill worker is going to require a RTW Case Plan, the supervisor can use the chart in VII Procedure to determine what is needed and/or the next steps.

In cases where the worker has a work-related permanent impairment and information of file indicates that the worker is unable to return to work for the Township. In this case, he/she will require assistance to re-enter the labour market and reduce or eliminate the loss of earnings that may result from the work-related injury/disease. WSIB is responsible for facilitating labour market re-entry. In these cases, the Clerk-Treasurer must be notified and will contact the WSIB Adjudicator to have the employee considered for a Labour Market Re-entry.

#### 2. Non-Occupational Injury/Illness

All employees are required to report any non-occupational injury/illness to their supervisor immediately, or as soon as is reasonable.

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A medical questionnaire is the governing documentation for the non-occupational return to work program and must be completed by the health care professional. Any fees associated with the completion of the medical questionnaire are the responsibility of the employee.

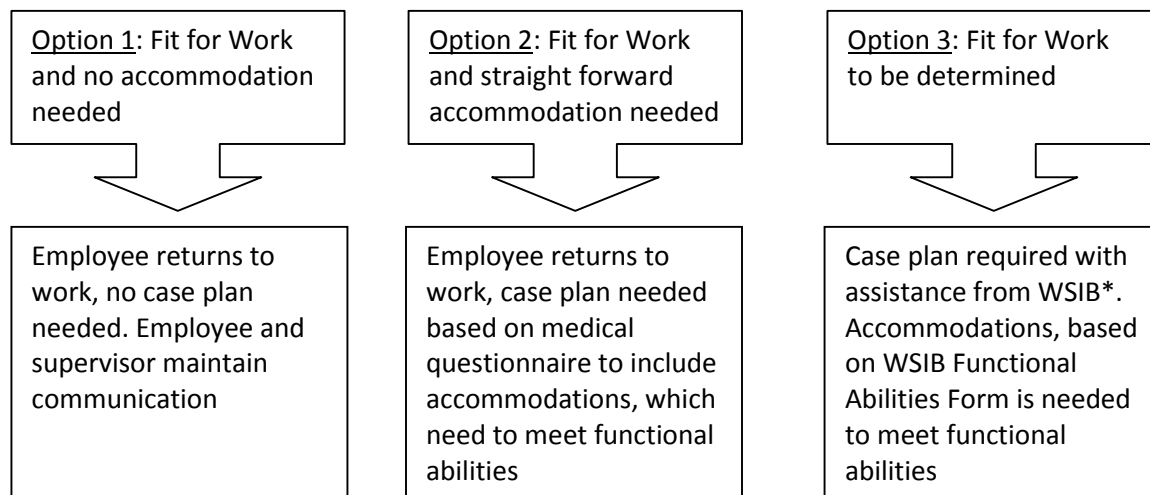
Upon learning of a non-occupational injury/illness that will be greater than 3 days, the supervisor will request the employee to provide a completed medical questionnaire. The medical questionnaire will identify the physical or timing restrictions/modifications for the employee. For example: a broken arm may impede the worker's ability to perform some job duties and the supervisor may need to consider modified or light duties; if the employee is required to wear safety footwear, a broken foot will impede the worker's ability to wear the required personal protective equipment, therefore alternate work arrangements may be considered, if available; if the employee has undergone surgery, this will result in an initial absence from work with potential modified or light duties or modified hours upon return to work.

Once it is determined if modified/light/duties/alternate work/alternate hours are prescribed by a health care professional, the supervisor will utilize the information on the medical questionnaire to determine if a RTW Case Plan is required.

**NOTE:** At no time during the RTW period for occupational or non-occupational injury/illness will the employee or supervisor supersede the physical or timing restrictions/modifications imposed by the health care professional. If the employee feels he/she is able to return to full duties, another medical questionnaire **must** be completed by the health care professional to confirm that the employee is able to return to full duties.

## VII. Procedure

### Step 1: Start



Note: Assistance for Options 2 and 3\* could come from: the Supervisor, the Clerk-Treasurer, or the WSIB Adjudicator\*

\*Occupational injury/illness only

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**Step 2:** Follow the RTW phases

Phase 1: Information Gathering

After the injury/illness is reported, the employee and their supervisor should contact each other within 48 hours. This timely communication is necessary to allow the employee to share information about their condition and for the supervisor to provide him/her with support and guidance on the Township's RTW program.

Phase 2: Analysis

Having gained an understanding of the employee's situation and the business needs, both the employee and supervisor can begin to assess together, what activities need to happen to support recovery and/or enable the employee to RTW.

When analyzing the situation there are three key variables to consider:

- Functional ability (includes physical, environmental and/or cognitive limitations as found on the Functional Abilities Form\* or the medical questionnaire),
- Knowledge and skills,
- Job availability.

Phase 3: Case Plan Development

The case plan is a list of events and actions with dates and forecasts used to anticipate health recovery and RTW. For example, the Health Care Professional expects that after four weeks of physiotherapy, the employee will be able to increase his/her tolerance for standing. After those four weeks. The employee will return to full duties or will provide a new medical questionnaire.

In preparation for writing the case plan, effective RTW strategies consider the following hierarchy of options:

- 1) Own job – no precautions – no accommodations necessary
- 2) Own job – minor precautions – some accommodations necessary
- 3) Appropriate placement/modified job – no additional training – some job accommodation
- 4) Appropriate placement/modified job – additional training – some job accommodation
- 5) New position – additional training – no job accommodation
- 6) New position – additional training – additional accommodations
- 7) Special Placement – new position created that does not create undue hardship to meet needs of employee

Phase 4: Case Plan Implementation

Together the supervisor and employee should implement the plan as soon as possible, knowing they can modify it later, if required.

Phase 5: Monitor the Case Plan

During this phase the employee, supervisor and Health Care Professional ensure that the planned activities are continuing to lead in the direction of a positive outcome. Together they monitor the plan and inform each other of any status changes, making sure dates for review and contact information is identified in the RTW Case Plan.

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The supervisor and the employee meet regularly to discuss progress and to ensure that events and actions occur as planned (for example: accommodations provided on time, work hardening on schedule, duties and tasks are meaningful and appropriate) and are documented on a progress report.

The plan can be closed once the outcome is achieved or a new plan is created.

**Phase 6: Evaluation**

The Clerk-Treasurer will evaluate each case plan individually throughout the process and on completion of the plan, ensure the best outcome was achieved and lessons learned in order to improve the program.

The supervisor and employee should also meet on completion of the plan to discuss the experience and document lessons learned for continuous improvement purposes. This information will be forwarded to the Clerk-Treasurer.

**Step 3:** At the evaluation phase, ensure that all documentation is forwarded to the Clerk-Treasurer for filing on the employee’s file.

**Confidentiality:**

The Township recognizes the importance of the employee’s confidentiality. Information, with respect to the request for accommodation and the reasons behind the request and any confidential medical information, with respect to an employee’s limitations, restrictions and prognosis, will only be disclosed to those individuals who have a need for the information in order to facilitate the accommodation.

In order to facilitate an effective and appropriate Return to Work Case Plan for an injured/ill worker, the department supervisor and Clerk-Treasurer will be allowed access to:

- Restrictions
- Functional abilities (including physical, environmental and/or cognitive limitations as found on the Functional Abilities Form\* or the medical questionnaire).

**VIII. Forms**

- Medical Questionnaire (Appendix A)
- Return to Work Case Plan (Appendix B)





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Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

5. Is the patient following the prescribed treatment?  Yes  No (please explain)

6. What restrictions or limitations, if any, does the patient currently have?

<b>Walking:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> up to 100 meters <input type="checkbox"/> 100-200 meters <input type="checkbox"/> Other (please specify)	<b>Standing:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> up to 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> Other (please specify)	<b>Sitting:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> up to 30 minutes <input type="checkbox"/> 30 minutes-1 hour <input type="checkbox"/> Other (please specify)	<b>Lifting from floor to waist:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> up to 5 kilograms <input type="checkbox"/> 5-10 kilograms <input type="checkbox"/> Other (please specify)
<b>Lifting from waist to shoulder:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> up to 5 kilograms <input type="checkbox"/> 5-10 kilograms <input type="checkbox"/> Other (please specify)	<b>Stair climbing:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> up to 5 steps <input type="checkbox"/> 5-10 steps <input type="checkbox"/> Other (please specify)	<b>Ladder climbing:</b> <input type="checkbox"/> Full Abilities <input type="checkbox"/> 1-3 steps <input type="checkbox"/> 4-6 steps <input type="checkbox"/> Other (please specify)	<b>Travel to work:</b> Ability to drive a car <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please specify)

7. Has any medication been prescribed that may affect the ability to work, drive, or operate machinery safely?

Yes (please specify)  No

8. Can the employee/patient work modified hours?  Yes  No

If yes, please indicate the maximum number of hours per day and/or days per week the employee can work.

Max# of hrs/wk \_\_\_\_\_ max# of days/wk \_\_\_\_\_

If no, please explain.

9. Can the employee/patient presently perform modified work, i.e. part-time hours, modified tasks? If yes, please complete Prescribed Modifications on page 3.

If no, please explain.

**Prescribed Modifications** (specify duration under #11)

Movement	
Walk	<input type="checkbox"/> 6+ hr <input type="checkbox"/> 4-6 hrs <input type="checkbox"/> 2-4 hrs <input type="checkbox"/> ½ - 1 hr <input type="checkbox"/> Not at all Comments
Stand	<input type="checkbox"/> 6+ hr <input type="checkbox"/> 4-6 hrs <input type="checkbox"/> 2-4 hrs <input type="checkbox"/> ½ - 1 hr <input type="checkbox"/> Not at all Comments
Sit	<input type="checkbox"/> 6+ hr <input type="checkbox"/> 4-6 hrs <input type="checkbox"/> 2-4 hrs <input type="checkbox"/> ½ - 1 hr <input type="checkbox"/> Not at all Comments
Lifting/Carrying	
Floor to Waist	<input type="checkbox"/> 15-20kg <input type="checkbox"/> 10-15kg <input type="checkbox"/> up to 10 kg <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all

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Waist to Shoulder	<input type="checkbox"/> 15-20kg <input type="checkbox"/> 10-15kg <input type="checkbox"/> up to 10 kg	<input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all	
Above Shoulder	<input type="checkbox"/> 15-20kg <input type="checkbox"/> 10-15kg <input type="checkbox"/> up to 10 kg	<input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all	
<b>Repetitive Activities</b>	<b>Frequently</b>	<b>Occasionally</b>	
Above Shoulder	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Below Shoulder	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Write	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Type	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Fine Manipulation	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Simple Grasping	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
<b>Push/Pull</b>			
Heavy Equipment	<input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all	Comments	
Light Equipment	<input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all	Comments	
Climbing	<input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all	Comments	
Bending/Twisting	<input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all	Comments	
<b>Other</b>	Comments		
Sight, Hearing or Speech			

10. What is the prognosis for a return to regular duties and/or regular work schedule based on the enclosed job description?

11. Is the patient expected to be able to return to work in his/her regular duties and/or regular work schedule upon completion of the Treatment Plan?  Yes (provide estimated time frame/date)  No (please explain)

Please **print** the following:

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

*\* Fees associated with the completion of this form are the responsibility of the employee/patient.*

***Thank you***

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APPENDIX B  
***Township of South Algonquin***  
**Return to Work Case Plan**

Date:  This plan covers the time period from to	WSIB Claim <input type="checkbox"/> Yes <input type="checkbox"/> No WSIB Claim # _____ WSIB Adjudicator (name and number)
Employee:	Phone:
Title	Dept
Supervisor:	Phone:
Title	Dept

**Pre-Injury Job Information**

- Job description attached  Yes  No
- Job tasks and demands attached  Yes  No

**Return to Work Objectives (anticipated outcome)**

**RTW Plan Objectives (select one)**

- Pre-Injury job  Work Comparable\*
- Pre-injury job with accommodations  Alternative Work \*\*

**Functional Abilities**

- Has Functional Abilities Form been completed  Yes  No
- Has Return to Work Medical Questionnaire been completed  Yes  No

Treating Health Care Professional Information

Name Phone
Name Phone

Summarize functional abilities form/medical questionnaire for modifications/durations i.e. no frequent standing for two weeks.

\* work comparable in nature and earnings to pre-injury/illness with accommodation, if required  
\*\* different job with accommodation, if required

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Work Schedule

For progressive work, please complete the following:

Week with dates	Days of week	Hours per day	Duties
<i>Sample:</i> Week 1: Feb 11/08	<i>Monday and Thursday</i>	<i>3 hours (9 a.m. to 12 p.m.)</i>	<i>Light duty as Manual Labour i.e. site clean up</i>
1.			
2.			
3.			
4.			

Follow up on:

Notes:

Signatures or acknowledgment of receipt:

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Original copy to: Clerk-Treasurer  
Copies to: Employee  
Supervisor  
WSIB Adjudicator

\* work comparable in nature and earnings to pre-injury/illness with accommodation, if required  
\*\* different job with accommodation, if required