

○ **Hiroshima University Guidelines for Reinstatement Support**

September 20, 2011

Approved by the President

Hiroshima University Guidelines for Reinstatement Support

(Purpose)

1. These Guidelines prescribe the matters necessary for supporting employees in their smooth return to work (hereinafter referred to as “reinstatement”), who have been away from work on sick leave or administrative leave due to sickness in accordance with the provisions of the Hiroshima University Work Regulations for Mariners (Regulation No. 79 of April 1, 2004), the Hiroshima University Regulations for Appointment and Removal of Employees (Regulation No. 81 of April 1, 2004), the Hiroshima University Regulations for Working Hours, Time-off and Leave for Employees (Regulation No. 91 of April 1, 2004), the Hiroshima University Regulations for Appointment, Removal, Salaries, Working Hours, Time-off and Leave of Contracted Teaching and Research-Related Employees (Regulation No. 67 of March 28, 2008), and the Hiroshima University Regulations for Appointment, Removal, Salaries, Working Hours, Time-off and Leave of Contracted Administrative/Technical Employees (Regulation No. 68 of March 28, 2008).

(Persons Eligible for Reinstatement Support)

2. Persons eligible for support under these Guidelines shall be the employees falling under any of the following items (hereinafter referred to as an “employee requesting reinstatement support”):
  - (i) Among employees who have been away from work on sick leave or administrative leave due to sickness for a continuous period of at least one month, those who request reinstatement support believing that they are likely to recover their health soon to an extent that they can execute the regular duties of employees in the same job types, provided that they can work while receiving reinstatement support; or
  - (ii) Employees for whom Reinstatement Support Programs defined in Paragraph 8 (1) have been implemented, and for whom the President regards the re-implementation of such programs as necessary.

(Person in Charge of Implementation)

3. A person to take charge of implementation of reinstatement support shall be placed at the University, and the Executive (Financial and General Affairs) shall act as such person.

(Reinstatement Support Provider)

4. The persons to provide reinstatement support (hereinafter referred to as a “reinstatement support provider”) to employees requesting reinstatement support shall be those prescribed below:
  - (i) The head of the department, etc. to which the employee requesting reinstatement support has been assigned or belongs (hereinafter referred to as the “affiliated department, etc.”);
  - (ii) The industrial physician of the workplace, such as the affiliated department, etc. (hereinafter referred to as the “industrial physician at workplace”); and
  - (iii) The person designated by the head of the affiliated department, etc. or by the industrial physician at workplace.

(Contact Point for Consultation)

5. In order to ensure smooth implementation of reinstatement support, a contact point for consultation on reinstatement shall be established in the Personnel Group of the Department of

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Personnel Affairs, the Financial and General Affairs Office, to provide necessary advice, instructions, etc.

(Reinstatement Support Request and Written Opinion of Attending Physician)

6 (1) An employee requesting reinstatement support shall submit a Reinstatement Support Request (Appended Form 1) and a Written Opinion of Attending Physician (Appended Form 2) to the head of the affiliated department, etc. of the employee, in principle, at least one month prior to the day on which he/she wishes to return to work. In such case, the employee requesting reinstatement support may submit the forms through the relevant industrial physician at workplace or the contact point for consultation prescribed in Paragraph 5 above at his/her request.

(2) The head of the affiliated department, etc. shall forward a copy of each of the Reinstatement Support Request and the Written Opinion of Attending Physician to the industrial physician at workplace.

(3) The industrial physician at workplace or the head of the affiliated department, etc. may entrust other reinstatement support providers with the duties associated with reinstatement support prescribed in the provisions of Paragraphs 7 to 12, where necessary.

(Implementation of Interview, etc.)

7 (1) The industrial physician at workplace or a physician designated by the industrial physician at workplace or by the head of the affiliated department, etc. (hereinafter referred to as an “industrial physician, etc.”) shall hold an interview with the employee requesting reinstatement support with reference to the Written Opinion of Attending Physician.

(2) When finding it necessary, the industrial physician, etc. may order the employee requesting reinstatement support to consult with another industrial physician, etc. and to submit the diagnosis and opinion prepared by that industrial physician, etc.

(3) By reference to the results of the interview and the Written Opinion of Attending Physician, and upon consultation with the head of the affiliated department, etc., the industrial physician, etc. shall prepare an opinion concerning the instruction categories and ex-post measures as set forth in Appended Form 2 of the Hiroshima University Regulations for Safety and Health Management (Regulation No. 113 of April 1, 2004), and submit a Written Opinion Concerning Reinstatement (Appended Form 3) to the President.

(4) In conducting an interview and preparing a Written Opinion Concerning Reinstatement, the industrial physician, etc. may request other reinstatement support providers or the attending physician to be present at the interview or submit their opinions, where necessary.

(Preparation of Reinstatement Support Program)

8 (1) In the case where the Written Opinion Concerning Reinstatement states that the reinstatement concerned is possible without any condition or possible with conditions, the head of the affiliated department, etc. shall hold an interview among the employee requesting reinstatement support, the industrial physician, etc. and the head himself/herself, and prepare and submit a Reinstatement Support Program (Appended Form 4) to the President.

(2) In preparing a Reinstatement Support Program, the head of the affiliated department, etc. may request other reinstatement support providers or the attending physician to be present at an interview or submit their opinions, where necessary.

(Decision on Work Placement and Notification)

9. The President shall make a decision on whether to allow reinstatement and work placement on the basis of the Written Opinion Concerning Reinstatement and the Reinstatement Support

Program, and notify the employee requesting reinstatement support of the decision by using a Work Placement Notice (Appended Form 5) and the Reinstatement Support Program.

(Implementation and Evaluation of Reinstatement Support Program)

10. The implementation period of a Reinstatement Support Program shall be, in principle, four weeks after reinstatement. However, an extension of this period for up to three months after reinstatement may be allowed, where especially necessary.

11 (1) During the implementation period of a Reinstatement Support Program, in addition to observation and support by the head of the affiliated department, etc., other reinstatement support providers shall conduct follow-ups, and the Reinstatement Support Program should be reviewed, if necessary.

(2) During the implementation period of a Reinstatement Support Program under the preceding paragraph, the submission of an opinion by the attending physician may be sought, where the head of the affiliated department, etc. finds it necessary.

12 (1) The employee requesting reinstatement support, the head of the affiliated department, etc., and the industrial physician, etc. shall express their opinions, etc. on a Reinstatement Support Program Evaluation Form (Appended Form 6; hereinafter referred to as the "Evaluation Form") upon the termination of the Reinstatement Support Program and two months after its termination. Thereafter, the head of the affiliated department, etc. shall submit the Evaluation Form to the President.

(2) If the head of the affiliated department, etc. considers it necessary to continuously conduct a follow-up on the basis of the Evaluation Form (except cases falling under the following paragraph), he/she shall implement necessary measures.

(3) The head of the affiliated department, etc. shall review the contents of work placement according to the Evaluation Form and, if he/she finds it necessary to conduct the Reinstatement Support Program again, report that effect to the President.

(Burden of Costs Incurred for Attending Physician, etc.)

13. In the provision of reinstatement support, any costs incurred for a required diagnosis or opinion of the attending physician or industrial physician, etc. (except for a Written Opinion of Attending Physician) shall be, in principle, borne by the University.

(Duty of Confidentiality)

14. Reinstatement support providers and other employees involved in duties associated with reinstatement support shall not divulge any information that they have come to know in the course of such duties to any party other than relevant parties.

(Miscellaneous Provisions)

15. When reference to these Guidelines is difficult due to special circumstances, or when the President deems it significantly inappropriate to refer to these Guidelines, exceptional handling may be accepted.

Supplementary Provisions

These Guidelines shall come into force on October 1, 2011.

Supplementary Provisions (Partially Revised on July 21, 2015)

These Guidelines shall come into force on August 1, 2015.

Supplementary Provisions (Partially Revised on March 31, 2016)

These Guidelines shall come into force on April 1, 2016.

Supplementary Provisions (Partially Revised on April 1, 2016)

These Guidelines shall come into force on April 1, 2016.

## Guidelines for Reinstatement Support

Appended Form 1 (Relating to Paragraph 6)

## Reinstatement Support Request

Date (Year/Month/Day):

To the Head of the Affiliated Department:

Affiliation:

Job Title:

Name:

Seal

In returning to work, I hereby request the provision of reinstatement support in accordance with the Hiroshima University Guidelines for Reinstatement Support. Furthermore, with regard to reinstatement support, I hereby agree to prepare a Written Opinion of Attending Physician (Appended Form 2), submit it to the head of the department, etc. that I have been assigned to, and consult with my attending physician.

1. Preferred Date of Reinstatement (Year/Month/Day):

2. Current Physical Conditions:

( )

3. Request in Connection with Reinstatement:

- I have a request(s)

( )

- I do not have any request

4. Other Notes

( )

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Appended Form 2 (Relating to Paragraph 6)

Written Opinion of Attending Physician

To the Head of the Affiliated Department:

(Section to be completed by the employee requesting reinstatement support)

Name: \_\_\_\_\_ (Male / Female)

Date of Birth (Year/Month/Day): \_\_\_\_\_

\* I request reinstatement support as described in the copy of the appended form "Reinstatement Support Request" (Appended Form 1).

Requested Information (section to be completed by the attending physician)

1. Disease name:
2. Approximate onset date:
3. Immediately previous hospitalization:
4. Immediately previous hospital visit for outpatient service:
5. Disease trajectory (1. Light 2. Improving 3. Stable 4. Tends to be unsettled 5. Worsening)
6. Current disease conditions:
7. Details of current treatment:

- Drug therapy (administered medication: \_\_\_\_\_ )
- Psychotherapy \_\_\_\_\_ )
- Other ( \_\_\_\_\_ )

8. Future treatment (1. Hospital visit 2. No treatment necessary 3. Other [ \_\_\_\_\_ ])
- Hospital visit \_\_\_\_\_ From (year/month/day) \_\_\_\_\_ to \_\_\_\_\_
- Hospital visit frequency ( \_\_\_\_\_ time(s) daily/weekly/monthly)

9. Your opinion on working  
(Please circle the applicable item below and enter necessary details.)
- Reinstatement possible (can be reinstated from (day/month/day): \_\_\_\_\_ )
- Reinstatement possible with conditions attached (can be reinstated with conditions attached from (day/month/day): \_\_\_\_\_ )
- Condition(s) \_\_\_\_\_

( \_\_\_\_\_ )

- Reinstatement not possible (treatment still necessary until (day/month/day): \_\_\_\_\_ )

10. Your opinion on necessary care for the employee's working  
(E.g. Precautions to prevent the exacerbation or recurrence of the symptoms [such as a limitation on overtime work, working hours or business trips])

( \_\_\_\_\_ )

My opinions are as stated above.

Date (Year/Month/Day): \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Name of Attending Physician: \_\_\_\_\_

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

Tel.: \_\_\_\_\_

• The University will use provided information only for the purpose of supporting the reinstatement of the employee concerned, and will responsibly manage it with sufficient care for privacy.

• Please be noted that an industrial physician at Hiroshima University or the head of the department, etc. of the above employee may consult with you for a greater understanding of his/her medical conditions or his/her reinstatement support. Thank you for your understanding.

Appended Form 3 (Relating to Paragraph 7 (3))

## Written Opinion Concerning Reinstatement

Date (Year/Month/Day):

To the President of Hiroshima University:

Name of Industrial Physician at Workplace /  
Physician Designated thereby or by Head of  
Affiliated Department, etc.

Seal

Affiliation:		
Job Title:		
Name:		
Opinion Concerning Reinstatement	Possibility of reinstatement	Possible / Possible with conditions / Not possible
	Opinion	
Opinion Concerning Instruction Category	Aspect of lifestyle correction	A / B / C / D
	Medical aspect	1 / 2 / 3
	Category of the above-named employee <input type="checkbox"/> A: Attributable to health checkup results <input type="checkbox"/> B: Attributable to the results of an interview and guidance provided to the employee who performed prolonged work <input type="checkbox"/> C: Due to a mental or behavioral disorder, etc. <input type="checkbox"/> D: Due to a prolonged chronic disease, etc. <input type="checkbox"/> E: Due to an injury or disease not falling under any of the above items	
Opinion Concerning Ex-post Measures According to the Instruction Category (If reinstatement is possible with or without conditions)	Details and decision on ex-post measure	Matters requiring special attention, period of the ex-post measure, etc.
	Reduced working days	Required / Not required
	Reassignment	Required / Not required
	Reduced working hours	Required / Not required
	Late night work	Prohibited / Limited
	Overtime work	Prohibited / Limited
	Business trips	Prohibited / Limited
Other		

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Appended Form 4 (Relating to Paragraph 8)

**Reinstatement Support Program**

Employee Requesting Reinstatement Support

Affiliation:

Job Title:

Name:

Planned Implementation Period		From (year/month/day) to
Week	Period	Objective and Content of Reinstatement Support Program
1st Week		
2nd Week		
3rd Week		
4th Week		

[Notes on Detail Entry]

- If the implementation period of the Reinstatement Support Program is extended, prepare this form by modifying it as appropriate.
- Prepare a Reinstatement Support Program with the aim of becoming able to work on a full-time basis by the time of the termination of the program.

I hereby confirm that my reinstatement support is to be provided under the above reinstatement support program.		
Date (Year/Month/Day):	Employee Requesting Reinstatement Support	
	Name:	Seal



Appended Form 5 (Relating to Paragraph 9)

## Work Placement Notice

Date (Year/Month/Day):

To \_\_\_\_\_ :

President of Hiroshima University

This is to notify you of the following decisions in relation to the subject matter of this notice.

### Details

1. You are recognized as able to work. (Where any of the items in 2. does not apply)  
(Attentive work period: from (year/month/day) \_\_\_\_\_ to \_\_\_\_\_ )  
(The Reinstatement Support Program is as described in the relevant appended form.)
2. You are recognized as able to work with the following conditions attached.  
(Attentive work period: from (year/month/day) \_\_\_\_\_ to \_\_\_\_\_ )  
(The Reinstatement Support Program is as described in the appended form.)
- (1) Reduced working days (Required / Not required)
- When you do not work on a day in part or in whole in order to receive treatment, you are required to select one of non-occupational sick/injury leave (limited to the extent of the period available for this leave), annual paid leave or arranged absence, and apply for its use or provide a relevant notice, in order to have your absence handled.
- (2) Reassignment (Required / Not required)
- (3) Reduced working hours (Required / Not required)
- A: Ex-post measure on the basis of health checkup results
    - If your work is reduced by taking leave (except any leave in units of days), the period of such leave will be handled as leave for workers' accident, etc. up to the extent of the period of the ex-post measure of reduced working hours.
  - B: Ex-post measure on the basis of the results of an interview and guidance provided to the employee who performed prolonged work
    - If your work is reduced by taking leave (except any leave in units of days), the period of such leave will be handled as leave for workers' accident, etc. up to the extent of the period of the ex-post measure of reduced working hours.
  - C: Ex-post measure due to a mental or behavioral disorder, etc.
    - If your work is reduced by taking leave (except any leave in units of days), the period of such leave will be handled as leave for workers' accident, etc. up to the extent of the period of the ex-post measure of reduced working hours.
  - D: Ex-post measure due to a prolonged chronic disease, etc.
    - If your work is reduced by taking leave (except any leave in units of days), such leave will be handled as leave for workers' accident, etc.
  - E: Ex-post measure in the case where any of the above items does not apply
    - When you do not work on a day in part or in whole in order to receive treatment, you are required to select one of non-occupational sick/injury leave (limited to the extent of the period available for this leave), annual paid leave or arranged absence, and apply for its use or provide a relevant notice, in order to have your absence handled.
- (4) Late night work (Prohibited / Limited):
- (5) Overtime work (Prohibited / Limited):
- (6) Business trips (Prohibited / Limited):

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(7) Other: ( )

3. You are recognized as unable to work.

Appended Form 6 (Relating to Paragraph 12)

## Reinstatement Support Program Evaluation Form

- At the termination of the Reinstatement Support Program     2 months after the termination of the Reinstatement Support Program

Date (Year/Month/Day):
Self-evaluation and Feedback of Employee Requesting Reinstatement Support
Affiliation:
Job Title:
Name:
<input type="radio"/> Self-evaluation
1. I steadily managed to engage in the Reinstatement Support Program most of the time and, as a result, I feel more confident now.
2. I still feel anxious to a certain extent about reinstatement.
3. I am not confident in being able to execute my duties like I did before.
<input type="radio"/> Feedback



Date (Year/Month/Day):
Opinion and Feedback of the Head of the Affiliated Department, etc.
Affiliation:
Job Title:
Name:
<input type="radio"/> Opinion
1. He/She appeared to steadily manage to engage in the Reinstatement Support Program most of the time.
2. I still feel anxious to a certain extent about his/her reinstatement.
3. For the time ahead, he/she is not expected to be able to execute his/her duties sufficiently.
<input type="radio"/> Feedback



Date (Year/Month/Day):
Opinion of the Industrial Physician, etc.
Name:
<input type="radio"/> Opinion

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