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Sick and Injury Leave, FMLA, Restricted Duty		



I. Introduction

This Division Directive ***includes*** details ***for*** sick leave, injury leave, and Family and Medical Leave Act (FMLA) benefits and requirements ***available to Division personnel. Personnel should contact the Human Resources (HR) Bureau or review their current collective bargaining agreement (CBA) or compensation plan for additional*** information on sick leave and accrual, injury leave credit, FMLA provisions, and ***other*** related subjects.

II. Policy Statements

- A. ***All medical documentation and information regarding Division personnel shall be kept confidential at all times and communicated only as needed. Contact the HR Bureau when questions arise regarding the confidentiality of medical information.***
- B. The Chief of Police ***or a designee may*** review the status of ***personnel*** who are unable to consistently perform their regularly assigned duties for a six-month period, ***or when deemed necessary.*** The Chief of Police may:
 1. ***Order an investigation;***
 2. ***Recommend additional leave, absence without leave, additional restricted duty, or administrative reassignment;***
 3. ***Require a fitness for duty examination; or***
 4. ***Recommend*** termination.
- C. Division personnel marked off sick or injured, ***to include FMLA,*** are expected to be at home ***or receiving medical care/treatment*** during their regular duty hours and may be required to show just cause for not being at home during their regular duty hours. ***Personnel not in compliance are subject to discipline.***
- D. To determine fitness for duty, Division ***personnel*** shall be required to produce medical documentation from ***their healthcare provider(s)*** and/or undergo examination by an appropriate medical professional designated by the ***City.***
- E. ***A pregnancy-related medical condition*** shall be treated as non-work-related.

F. Restricted Duty for Sworn Personnel

- 1. Sworn personnel incapable of performing their regular *assigned* duties or the essential functions of a police officer due to an injury/illness, but capable of performing *alternate* duties in a limited capacity, shall request a restricted duty *assignment*.**
- 2. *Restricted duty assignments are specifically created temporary job assignments, and are not vacant permanent positions within the Division's organizational structure, for sworn personnel injured or otherwise unable to complete the essential functions of the job for a limited period of time. Restricted duty assignments are not available to personnel on a permanent basis under any circumstance.***
 - a. *Restricted duty assignments are not automatically granted to sworn personnel. Assignments are based on the needs of the Division and at the discretion of the Chief of Police.***
 - b. *The Chief of Police is responsible for authorizing restricted duty assignments within the Division of Police.***
- 3. *Sworn personnel shall have their healthcare provider complete and sign the Ability to Perform Essential Functions, form A-31.128. That form and any other forms or medical documentation shall be hand-delivered, faxed, or emailed directly to the EBU at (614) 645-0112 or EBU@columbuspolice.org in order to expedite the process and maintain the confidentiality of the information.***
 - a. *If the Ability to Perform Essential Functions form does not contain an estimated return to full-duty work date or other necessary information, personnel may be required to provide additional medical documentation.***
- 4. *Sworn personnel should be examined by their healthcare provider prior to the estimated return to full-duty date to determine if they can return to full-duty or should remain in a restricted duty status. Sworn personnel shall have their healthcare provider complete an up-to-date Ability to Perform Essential Functions form and then shall submit it to the EBU.***
 - a. *For each three-month period on restricted duty, or if unable to return by the estimated return to full-duty date, sworn personnel shall have their healthcare provider complete and forward an Ability to Perform Essential Functions form with the up-to-date restrictions to the EBU.***
 - b. *Personnel who are unable to schedule a visit with their healthcare provider prior to the estimated return to work date shall notify the EBU and the chain of command via email and con-***

tinue to work in restricted duty status for up to ten days until a healthcare provider's evaluation is obtained. Personnel shall not unnecessarily delay obtaining the healthcare provider's evaluation.

5. The HR Bureau shall:

- a. Maintain an electronic record of all personnel who are approved to work in a restricted duty assignment with their restriction(s) and limitations.**
- b. Review the Ability to Perform Essential Functions form(s) and healthcare provider medical documentation to ensure all required information is received.**
- c. Advise the bureau commander/manager of limitations of restricted duty personnel assigned to their bureau.**
- d. Request needed medical documentation and monitor the ongoing treatment and progress of restricted duty personnel.**
- e. Contact the employee's bureau commander/manager when requested documentation is not received within ten days.**
- f. Notify the employee's chain of command and the Patrol Administration Section when the employee is approved to return to full-duty status.**
- g. Request and obtain restricted duty assignment requests from General Staff on a quarterly basis for positions that would assist in the completion of projects within their respective bureau and maintain a list of all restricted duty assignments that includes:
 - (1) Unit and reporting location**
 - (2) Immediate supervisor**
 - (3) Hours**
 - (4) Days off**
 - (5) Assignment duties****

6. The Chief of Police or a designee shall:

- a. Manage the assignments of all sworn personnel who are approved to work in a restricted duty assignment.**
- b. Place restricted duty personnel into restricted duty assignments that best match the needs of the Division, taking into consideration the employee's regular shift, days off, skills, covert status, and medical restrictions.**
- c. Notify personnel requesting a restricted duty assignment, their chain of command, and the Patrol Administration Section when the request is approved and provide their assignment.**

- d. Review the status of personnel who have been unable to consistently perform the essential functions of their assigned duties for a six-month period. The Chief of Police may cause an investigation to determine fitness for duty.*
- 7. Bureau commanders/managers shall submit temporary restricted duty assignments for their respective bureau on a quarterly basis with the information required in Section II,F,5,g, to the HR Bureau via email.*
- 8. Sworn personnel who are unable to perform the essential functions of a police officer and have been approved to work in a restricted duty status shall:*
 - a. Provide any medical documentation as required to the HR Bureau.*
 - b. Not wear any police uniform, either on or off duty.*
 - c. Carry their badge and display their ID in accordance with Division policy.*
 - d. Carry their authorized firearm in accordance with Division policy, unless otherwise restricted by a competent authority, such as their healthcare provider or a sworn supervisor.*
 - e. Not wear their badge in the open when restricted from carrying a firearm.*
 - f. Only take police action in exigent circumstances.*
 - g. Not perform off-duty employment unless prior approval is given by their deputy chief.*
 - h. Not engage in special duty work.*
 - i. Provide their own transportation to their restricted duty assignment reporting location.*
 - j. Not engage in any activities that will delay their ability to return to full duty in a timely manner.*
 - k. Check in and out with the on-duty supervisor when reporting for each restricted duty shift.*
- G. Transitional Return to Work for Civilian Personnel*
 - 1. Civilian personnel who are incapable of performing the essential functions of their position due to a temporary medical restriction shall request to participate in the City's Transitional Return to Work Program (TRTWP) as outlined in PO13-1 of the City-wide Policies and Procedures Manual, which is available on the City's intranet.*
 - a. Civilian personnel shall forward a completed Healthcare Provider's Report of Work Ability, form A-31.144, to the EBU in order to return to work in a restricted capacity.*

- b. The EBU Supervisor shall review the Healthcare Provider's Report of Work Ability form and consult with the employee's supervisor to determine if the restriction/TRTWP can be accommodated while adhering to safety regulations or standards, the applicable unit's standard operating procedures (SOP) manual, and Division directives pertaining to the employee's reporting location.*
- c. Civilian personnel shall not be released to return to work full-duty without a full-duty release from their healthcare provider.*
 - (1) Personnel who are unable to schedule a visit with their healthcare provider prior to the estimated date to return to work shall notify the EBU and their supervisor via email and continue to participate in the TRTWP for up to ten days until a healthcare provider's evaluation is obtained. Personnel shall not unnecessarily delay obtaining the healthcare provider's evaluation.*
- 2. Each transitional return to work assignment is based on medical need and has a maximum duration of 90 days. Continuation of the program shall require ongoing documentation of medical necessity by the employee's healthcare provider.*
 - a. Civilian personnel incapable of performing the essential functions of their position within 90 days of the commencement of the TRTWP may, at the discretion of the Chief of Police, be subject to a fitness for duty hearing.*
- 3. Civilian personnel may request that their healthcare provider fax or email copies of any forms or medical documentation directly to the EBU at (614) 645-0112 or EBU@columbuspolice.org in order to expedite the process and maintain confidentiality of their medical information.*
- 4. The HR Bureau shall:*
 - a. Maintain an electronic record of all civilian personnel who are approved to participate in the TRTWP and their restrictions and limitations.*
 - b. Review the Healthcare Provider's Report of Work Ability forms and healthcare provider medical documentation to ensure all required information is received.*
 - c. Request needed medical documentation and monitor the on-going treatment and progress of medical-related TRTWP personnel.*
 - d. Contact the employee's bureau commander/manager when requested documentation is not received within ten days.*

- e. **Notify the employee's chain of command when the employee is released to return to full duty status by their healthcare provider.**
- H. **Any temporary accommodation or work assignment for Division personnel with an injury/illness shall be non-precedent setting.**
- I. **The FMLA provides 12 weeks of protected unpaid leave in a 12-month period to eligible personnel for eligible prescribed circumstances.**
 - 1. **Division personnel shall direct questions and requests for FMLA-protected leave to the EBU supervisor.**
 - 2. **The City of Columbus calculates FMLA leave using a rolling 12-month period measured backward from the date of any FMLA leave usage.**
 - 3. **FMLA time taken due to bonding with a child must be taken in a single, continuous period of time.**
- J. **Leave without pay (LWOP) shall be granted or denied on a case-by-case basis in accordance with the current applicable CBA or compensation plan. While on approved LWOP:**
 - 1. **Insurance coverage will be discontinued at the beginning of the fourth calendar month; however,**
 - 2. **For personnel having exhausted approved injury leave granted according to their current CBA or compensation plan, insurance coverage will continue until they can return to paid status or are separated from the Division.**
- K. **Personnel off work for more than one week shall contact the EBU each pay period concerning medical documentation that needs to be forwarded and/or their status as it relates to the mark-off.**
- L. **Division personnel who are incapable of returning to duty and are out of accrued leave time shall consult the "Leaves and Lodge CBA Release" directive.**

III. Procedures

- A. **Requesting Sick Leave Due to Personal Illness or Illness/Death in the Family**
 - 1. **Division Personnel**
 - a. **Reporting mark-offs during scheduled duty hours**
 - (1) **Notify your on-duty supervisor.**
 - (2) **Notify the Information Desk and advise the reason for the mark-off.**
 - b. **Reporting mark-offs during off-duty hours**
 - (1) **Notify the Information Desk prior to the start of your tour of duty.**

- (2) **Advise the reason for the mark-off.**
- (3) **Contact the EBU via phone or email during business hours on the first work day of the mark-off, to provide the necessary details if the reason is for Sick-Personal Illness.**

c. Using extended sick leave

- (1) **Contact the EBU each pay period to update your status and ensure that any required medical documentation has been received.**

d. Returning to full duty

- (1) **Notify the Information Desk and mark back up prior to returning to full duty.**
- (2) **Forward medical documentation to the EBU from your healthcare provider upon returning to full duty following an extended sick leave in accordance with the applicable CBA or compensation plan, to include:**
 - (a) **Nature of the illness for yourself or family member**
 - (b) **That you are capable of returning to full duty**
 - (c) **That you were required to care for a family member if the mark-off was for illness in the family**

B. Requesting Sick Leave for Behavioral Health or Stress-Related Illness or Injury

1. Division Personnel

- a. **Notify the following personnel if unable to perform your regular duties due to a behavioral health or stress-related illness or injury:**

- (1) **The Information Desk.**
- (2) **Your on-duty supervisor, if you are on-duty.**

2. EBU Personnel or Supervisor and Information Desk Personnel

- a. Review sick/injury leave requests, **submitted in the electronic timekeeping system or medical documentation.**
- b. **Notify the appropriate bureau commander/manager immediately when there is a safety concern.**

3. Bureau Commander/Manager

- a. **Follow up immediately when notified that personnel have marked off sick or injured and there is a safety concern.**
- b. **Decide whether to relieve an officer in conjunction with the deputy chief if necessary, and ensure that a Relieved from Assignment Notification, form A-31.106 is completed.**

c. Ensure that the Return to Duty Notification, form A-31.106A, is completed when:

- (1) Notified by the EBU that the employee has been certified for full duty by an appropriate *healthcare provider*, and**
- (2) Approved for duty by the Chief of Police or the Chief's designee.**

C. Requesting and Taking Leave Under the FMLA

1. Division Personnel

- a. Obtain FMLA paperwork from the *EBU Supervisor to request FMLA leave*.**
- b. Complete and forward the *FMLA* paperwork to the *EBU Supervisor*.**
- c. Submit the *FMLA* paperwork at least 30 days before the *period of requested FMLA leave begins, or in exigent circumstances, as soon as practical*.**

Note: Personnel who delay in submitting FMLA paperwork for anticipated leave may cause a delay in the designation of FMLA protection.

- d. Provide additional medical documentation and/or information requested by the *EBU Supervisor within the given time frame*.**
- e. Consult the *current* applicable *CBA or compensation plan* or the *EBU Supervisor* for specific requirements concerning *substitution of paid leave*.**
 - (1) Sworn personnel who wish to substitute accrued, unused leave in accordance with their current CBA or compensation plan due to a family member's FMLA-qualifying condition must provide notice to the EBU Supervisor of their intent to substitute paid leave.**
 - (2) Sworn personnel who do not provide notification of their intent to use leave balances for any otherwise unpaid FMLA leave in accordance will be placed in an unpaid FMLA status.**

f. Notify the Information Desk and mark off "FMLA." Specify whether the mark off is:

- (1) FMLA - Family**
- (2) FMLA - Self**

2. EBU Personnel

- a. Review the FMLA request and make a determination.**
- b. Notify the employee of the determination.**
- c. Request additional medical documentation or other information if necessary.**

D. On-Duty *Injury or Infectious Disease/Hazardous Materials Exposure*

1. *Division* Personnel

a. If injured while on duty:

- (1) Seek immediate medical treatment if necessary.
- (2) Notify your on-duty supervisor as soon as possible. Failure to report an injury within the time limit specified in the **current** applicable **CBA or compensation plan** may **result in the denial of injury leave**.
- (3) Complete the appropriate sections of the Injury Packet, **which is available on the Division's intranet, and sign and date the form**.
- (4) **Notify** the Information Desk if **you are** unable to continue working.
- (5) **Request injury leave in accordance with the applicable CBA or compensation plan if needed**.
- (6) **Submit Bureau of Workers' Compensation (BWC) medical documentation to the EBU**.
 - (a) Sick leave, vacation leave, or other leave will be used until injury leave is certified by **the City's Risk Management**.
 - (b) **FMLA may run concurrently with an injury leave. Refer to your applicable CBA or compensation plan for additional information**.
 - (c) If injury leave is not certified, the decision may be appealed to the **City's Industrial Relations Board** within ten calendar days of **receiving** notification **of the decision**.

Note: Injury leave can only be submitted for approval if proper medical documentation from your healthcare provider is submitted.

- (7) Contact **the EBU** each pay period **while on injury leave to update your status and ensure that any required medical documentation has been received**.

Note: Personnel on approved injury leave will continue to have insurance coverage.

b. If exposed to an infectious disease or hazardous material while on duty:

- (1) **Follow the procedures listed in III,D,1,a.**
- (2) **Complete an Exposure Packet, which is available on the Division's intranet.**
- (3) **Refer to applicable Division publications, such as the "Infectious Disease Precautions" training supplement, for additional information.**

2. On-Duty Supervisor

- a. Ensure that the Information Desk is notified if an on-duty employee cannot continue working as a result of an injury or infectious disease/hazardous materials exposure.**
- b. Refer to the “Injury and Exposure Packets” section of the Supervisor’s Manual.**

E. On-going Treatment and Recurrence for an On-Duty Injury or Exposure

1. Division Personnel

- a. Notify the Information Desk *when* marking off “Injury” and provide the original injury *date* and *one of the following reasons*:**

(1) Recurrence

(2) On-going treatment

(3) Healthcare provider appointment

(4) Therapy appointment

- b. Complete the appropriate sections of the Recurrence Packet, *which is available on the Division’s intranet*, and *submit it to the EBU with medical documentation for each occurrence* within 48 hours.**
- c. Complete a therapy calendar for ongoing physical therapy and submit it to the EBU with a recurrence form at the end of therapy or every 60 days.**
- d. Personnel may be permitted injury leave time for healthcare provider and therapy appointments that includes a maximum of 30 additional minutes of travel time to and from the appointments.**
- e. Cooperate with the City-approved managed healthcare organization caseworker regarding any on-duty injury.**

F. Requesting Restricted Duty Status

1. Sworn Personnel

- a. Email the Division’s HR Manager at least ten days prior to the anticipated start date of your restricted duty status, except under exigent circumstances, and include the following information:**

(1) Start date being requested

(2) Expected return to full duty date

(3) If the restricted duty request is due to a work-related injury/exposure.

- b. Ensure your healthcare provider completes all sections of the Ability to Perform Essential Functions form.**

Note: Contact the EBU or Patrol Administration Section to fax or email the form to the healthcare provider's office and provide the provider's fax number and/or email address at the time of the request.

- c. Submit the Ability to Perform Essential Functions form directly to the EBU. The form must be submitted within three business days of marking up restricted duty**
- d. Contact the Information Desk and mark to "Restricted Duty."**
- e. Report to the Patrol Administration Section to provide documentation that the above procedures have been completed and to obtain your restricted duty assignment, if applicable.**
- f. Forward an email to the EBU at least once per pay period and report your restricted duty status. Include in the email your current medical condition, upcoming appointments, and any updated restrictions or documentation.**
- g. Forward an updated Ability to Perform Essential Functions form every three months you are in a restricted duty assignment, or anytime your restrictions or estimated return to full duty date changes.**

2. Patrol Administration Section Supervisor

a. Direct sworn personnel to remain in the Patrol Administration Section office until:

- (1) Verification has been received that the Ability to Perform Essential Functions form has been completed and forwarded to the EBU and that the EBU has been emailed a restricted duty request. During the EBU's non-business hours, this can be accomplished by the employee forwarding a copy of the emailed request to the on-duty Patrol Administration Section supervisor.**
- (2) The Chief of Police or a designee approves their restricted duty assignment and reporting location.**

Note: If a restricted duty request was pre-approved, direct sworn personnel to the temporary assignment approved by the Chief of Police or a designee.

b. Monitor the electronic record to verify the status and return dates of restricted duty personnel.

G. Requesting Transitional Return to Work

1. Civilian Personnel

a. Email the Division's HR Manager at least ten days prior to the anticipated start date of your return to work and include the following information:

- (1) ***Date of the procedure***
 - (2) ***Start date being requested***
 - (3) ***Anticipated restrictions***
 - (4) ***Expected return to work full duty date***
 - (5) ***If the request is due to a work-related injury or exposure***
- b. ***Ensure your healthcare provider completes all sections of the Healthcare Provider's Report of Work Ability form.***
 - c. ***Submit the form directly to the EBU. The form must be submitted within three business day of marking up for TRTWP.***
 - d. ***Contact the Information Desk and mark up "Restricted Duty."***
 - e. ***Report to your assigned reporting location.***
 - f. ***Forward an email to the EBU at least once per pay period and report your TRTWP status. Include in the email your current medical condition, upcoming appointments, and any updated restrictions or documentation.***
 - g. ***Forward an updated Healthcare Provider's Report of Work Ability form any time your restrictions or estimated return to full-duty date changes.***
- H. Returning to *Full Duty* Following Restricted Duty or TRTWP Status**
1. ***Sworn Personnel***
 - a. ***Obtain a completed Ability to Perform Essential Functions form from your healthcare provider, which must include the date you are released to return to full duty and indicate that you are able to work with no restrictions. Provide the form to an on-duty supervisor or to the EBU.***
 - b. ***Contact*** the Information Desk to mark up ***to full duty*** prior to returning to ***full*** duty.
 2. ***Civilian Personnel***
 - a. ***Obtain a completed Healthcare Provider's Report of Work Ability form from your healthcare provider, which must include the date you are released to return to full duty and indicate you are able to work without any restrictions. Provide the form to your on-duty supervisor or the EBU.***
 - b. ***Contact*** the Information Desk ***and mark up prior to*** returning to ***full*** duty.
 3. ***On-duty Supervisor***
 - a. ***Review the Ability to Perform Essential Functions form for sworn personnel, if provided, and verify that all boxes are marked "yes" before allowing the employee to perform any type of law enforcement function.***

- b. Review the Healthcare Provider's Report of Work Ability form for civilian personnel if provided, and verify that the box marked "May return to work with no restrictions on (date)" is checked and that the date indicated is not a future date.**
- c. Email a scanned copy of the form to the HR Manager and send the original to the HR Manager via inter-office mail.**
- d. Contact the EBU to verify the employee's return to work status if the appropriate form is not provided.**
- e. Cause the employee to return to his or her restricted duty assignment if the form presented indicates there are any restrictions.**

4. EBU Personnel

- a. Ensure the chain of command is notified.**
- b. Update the appropriate restricted duty electronic record as necessary.**

I. Requesting Donated Leave

1. Division Personnel or Immediate Supervisor

- a. Refer to the applicable CBA or compensation plan for additional information.**
 - (1) Forward a letter or email requesting donated leave directly to the HR Manager.**
 - (2) Forward medical documentation to the EBU from the health-care provider that indicates the following:**
 - (a) Nature of the illness for the employee or family member**
 - (b) Estimated return to full duty date**

J. General Responsibilities/Record Keeping

1. Information Desk Personnel

Follow the instructions detailed in the Patrol Administration **Section's** standard operating procedures manual.

2. EBU Personnel

- a. Maintain records of *personnel* sick leave, injury leave, *FMLA leave*, and *short-term disability leave*.**
- b. Notify the *appropriate bureau* commander/*manager* when an employee has marked off four times within a calendar year, except for *a* death in the family, FMLA leave, an on-duty injury, or a mark-off of less than eight hours.**
- c. Furnish *bureau* commanders/*managers* with a list of *personnel who are* required to submit a *healthcare provider's* note upon returning to *full* duty.**

- d. Generate and maintain the restricted duty and extended leave report.
 - e. Advise **bureau** commanders/**managers** of any information **pertaining to** their areas of responsibility.
3. **Bureau Commander/Manager**
- a. Review the status of **personnel** required to furnish a **healthcare provider's** note upon returning to duty **as needed**.
 - b. Instruct an involved employee's immediate supervisor to conduct an interview to evaluate the employee's sick leave usage when necessary.
 - c. Review each employee's circumstances on a case-by-case basis.
 - d. Instruct any employee suspected of sick leave abuse to furnish a **healthcare provider's** note upon returning to duty after all subsequent sick mark-offs. This requirement will continue until rescinded by the employee's **bureau** commander/**manager**.
 - e. **Determine if** a home visit **is required** when:
 - (1) An employee marks off sick for **eight** hours or more, five times or more in a calendar year, excluding mark-offs due to **a** death in the family, approved FMLA leave, or **an** on-duty injury.
 - (2) An employee marks off on extended sick/injury leave and is not maintaining contact with **the** EBU as specified in this directive.
 - (3) Deemed necessary.
4. Supervisor
- a. Refer to **the "Employee Health, Leave Abuse, and Home Visits" section of** the Supervisor's Manual for information on conducting **and documenting** home visits.