Click to Enter Date

MEMORANDUM

TO:	Employee Name, Employee ID
FROM:	DRC
RE:	Disability Leave Denial Notification
leave benefits the following:	
(Check all tha	
☐ Injury/illa ☐ Injury/illa ☐ There is a ☐ Injury/illa	ness was not sustained directly in the performance of employee's assigned job duties ness occurred prior to and/or after employee's assigned workday. ness occurred during employee's lunch or rest break. no heart/hypertension presumption for disability leave purposes. ess was not reported in writing to supervisor within 24 hours of occurrence. 's written notice did not state injury was due to their specific job performance.
☐ 180 calend	e/aggravation is not eligible for DL because initial injury/illness was previously denied. lar days of disability leave or maximum provided under CBA has been approved. was not reviewed by County Clinic and waived disability leave benefits.
	on(s) for the denial of disability leave benefits. (Must be specific, e.g., when waived; why injury was not sustained in direct performance; why notice was not

For further information about disability leave benefits, please see OHRM's Disability
Leave Webpage. Should you have any additional questions, please contact (DRC NAME/TEAM) at email@co.pg.md.us.

cc: disabilityleave@co.pg.md.us, OMS, OHRM County's Third-Party Administrator