



# INTER-OFFICE MEMORANDUM

## PRINCE GEORGE'S COUNTY, MARYLAND

August 13, 2021

TO: Employee Name

FROM: DRC

RE: **Choose Appropriate Reason:** Disability Leave/FML/Light Duty

You have recently been placed on **disability leave, FML, or have been assigned to light duty**, as a result of an injury or medical illness. The **Department/Agency** takes the health and well-being of our employees very seriously and offers guidance regarding maintaining proper health and wellness practices, and/or recovering from injuries and illnesses. It is our goal to assist employees with a full recovery.

This document is intended to provide you with a summary of employee expectations and departmental policies and procedures that apply to you during this time. This does not preclude any other applicable policies such as Personnel Law, and/or Personnel Procedure. Any questions you may have regarding your activities during this period can be directed to **DRC at [DRC email @co.pg.md.us](mailto:DRC@co.pg.md.us)**.

The DRC has several functions:

1. We provide guidance and assistance for a full recovery.
2. We provide copies of your submitted medical records, when needed to assess your fitness for duty.
3. We have access to the County's Onsite Medical Review Officer (MRO), who is available to discuss any fitness for duty concerns related to our employees.

**Designee(s) is/are the sole entity authorized by the Department/Agency AA to provide notification of your order returning you back to either a light, modified, or full duty work status upon recovery of your injury or illness. Do not return to your normal duty assignment without prior authorization from the Department/Agency AA.**

Please review this document carefully and provide specific information as requested on page 5. You are directed to sign and return this document to **[DRC email @co.pg.md.us](mailto:DRC@co.pg.md.us)** within three (3) business days of receipt of this document.

If you have any questions regarding your responsibilities, please contact [DRC email @co.pg.md.us](mailto:DRC_email@co.pg.md.us), or call [DRC, via teams](tel:3019254024).

### **Substance Abuse Policy**

If you are on light duty, your status does not preclude you from the provisions set forth in the [Substance Abuse Policy Administrative Procedure 224](#). If you are prescribed a medication that can cause significant impairment while at work, you shall not take that medication while at work or at a time that will cause impairment while at work.

### **Workers' Compensation Administration**

- CorVel is the County's Third-Party Administrator (TPA) responsible for handling claims for the Prince George's County Self Insurance Fund.
- CorVel must receive the Department's First Report of Injury (FROI) prior to initiating their investigation. Once they receive the FROI, they must contact you (the Employee), the Supervisor, and your treating Medical Provider(s) to verify facts prior to authorizing any treatment.
- The County's filing of a FROI does not constitute a request on behalf of any employee for workers' compensation benefits.
- Information regarding the filing of a workers' compensation claim and benefits can be located online at [Maryland Workers' Compensation Commission website](#).
- If CorVel accepts your claim, a claim number and insurance adjuster will be assigned.
- Upon accepting the claim, CorVel can assist you with many things such as authorizing treatment, diagnostic testing (i.e. MRI, EMG, CT Scan, etc.), Physical Therapy; scheduling appointments with doctors or specialists that you choose; sending you a prescription card; and providing you with a nurse to assist with any other issues and/or questions you may have.
- For your convenience, the contact information for CorVel is provided below:

CorVel Corporation  
P.O. Box 7328  
Largo, MD 20792  
Phone (301) 925-4024

## **Injury-on-the-Job (Disability Leave)**

Disability leave (DL) is a full salary benefit granted in accordance with County [Personnel Law Section 16-224](#) to an employee who sustained an injury or illness directly in the performance of the job duties for which he/she was hired. DL will not be granted for the day of injury and will not begin unless the County Clinic determines that your work-related injury/illness requires you to be on a no duty, light duty, or modified duty status. An eligible employee may be granted DL for a period of up to 180 calendar days for any one injury, including recurrences, aggravations and/or re-injuries of the same injury. Regardless of your duty status and/or treatment plan, after being granted 180 calendar days of benefits, your DL eligibility will terminate. For additional information regarding DL, please refer to [Personnel Procedure 284, Section 9](#).

In accordance with [federal Family and Medical Leave Act \(FMLA\) regulations](#), as well as County [Personnel Law](#) and [Procedure](#) regarding Parental Leave and Family Medical Leave (FML), FML benefits will run concurrently with any leave for which you are granted or have accrued during this period. Therefore, you will be required to submit an FMLA package when you are granted disability leave and/or when your treating healthcare provider recommends you to be on a no duty status for more than three (3) calendar days, as the FML benefits will run concurrently with the disability leave.

Until the County Clinic releases you to a full duty status, you are required to submit any records related to treatment you have received for your injury/illness to the County Clinic prior to your scheduled appointment(s). This includes, but is not limited to, any medical records, treatment notes, evaluations, objective findings, and treating physician duty status recommendations. In addition, the County Clinic may require additional medical information (i.e. copies of department physicals, Independent Medical Evaluations) prior to rendering a change in your duty status.

Information, required forms, and resources regarding disability leave and FMLA can be found on OHRM's Occupational Medical Services (OMS) website at [Medical-Leave](#) by clicking the DL and FMLA tabs respectively.

**The Department/Agency should be able to contact you without delay during your period of recovery while on DL or extended health-related approved leave. Thus, you must provide your preferred phone number and email address, if other than your County email. It is also important that you check your County email, or provided alternate email address, on at least a daily basis, as all correspondence will be sent via email.**

An employee on DL or extended health-related approved leave is expected to use this time to recover from any conditions sustained because of the job-related incident or non-work-related health conditions. Employees on DL or extended health-related approved leave for more than three (3) days are directed to not leave their residence during normal work hours without first obtaining approval by the [Appointing Authority \(or designee\)](#), except for necessary medical services, legal hearings regarding the disability, or in the event of a family emergency. Failure to follow proper procedures may result in the employee being placed in the disciplinary process and having to use annual leave, and/or jeopardize the employee's DL status.

If you are observed away from your residence without prior approval, you will be considered in violation of this directive. For your convenience, prior approval may be requested via e-mail or by calling [xxxxx at 301-883-xxxxx](tel:301-883-xxxxx). In extreme emergency situations, the information can be provided after the event. Department supervisors and/or insurance investigators may visit you at your home or observe your actions to evaluate compliance with Departmental procedures and workers' compensation claims processing. Violations of any applicable County policies, procedures, or abuse of DL shall result in you being placed in an Absent Without Approved Leave (AWOL) status and the forfeiture of DL benefits. Your actions may also result in disciplinary action, including dismissal, and appropriate legal action by outside agencies.

While on DL or health-related approved leave, you are not allowed to work any part-time employment without forfeiting your DL benefits or health-related leave approval. If you are currently employed outside of [the Department/Agency](#), please provide us with your part-time employment information on Page 5.

### **Medical Documentation**

All employees who are granted DL or who are working in a modified duty status are required to be assessed by the County Clinic or provide updated medical reports from a licensed medical physician via a Treating Physician's Duty Status Recommendation Form within 24 hours after every follow-up medical appointment and at least every thirty (30) days, until they either return and/or have been medically cleared by the County Clinic to work in a full duty capacity. This information must be submitted to [DRC\\_email@co.pg.md.us](mailto:DRC_email@co.pg.md.us) within 24 hours of your office visit, treatment appointment, or evaluation. In addition, the County Clinic may require your treating physician to provide additional reporting, including detailed narratives outlining objective medical findings and detailing your diagnosis, prognosis, and treatment plan, to assess your appropriate duty status and/or fitness for duty.

### **Light Duty**

If you are injured on or off the job and receive a light duty work status recommendation from your treating physician, you are to contact [DRC\\_email@co.pg.md.us](mailto:DRC_email@co.pg.md.us) immediately. Upon review of your essential job functions and after considering your medical limitations/restrictions, you may be given a light duty work assignment, whenever possible. Also, you may be assigned an interim supervisor for your light duty assignment. Your supervisor will be responsible for administrative functions such as verifying work hours, along with other supervisory functions at the work site while you are in a light duty capacity.

Until the County Clinic releases you to a full duty status, your treating physician recommends a full duty status, or until the Clinic has determined that your condition is permanent, you are also eligible to be granted up to a maximum of four (4) hours per day of disability leave for a follow-up physician/medical specialist office visit or physical therapy appointment. You must submit supporting medical documentation of these visits to the County Clinic prior to disability leave approval for these hours.

**Operation of County owned vehicles**

Employees in a 'no duty' status are not permitted to operate County owned vehicles. Your authority to operate County owned vehicles will be restored upon your transition to a light duty or full duty work status, if driving is not indicated as a recommended work limitation/restriction.

**Contact Information**

Please provide your current contact information below.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Part-Time Employment Information**

Please provide your current part-time employment information below.

Name of Employer/Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Current Supervisor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Work Days/Hours: \_\_\_\_\_

**Training**

Please check the appropriate box below indicating whether or not you are currently enrolled in a training program or Departmental promotional process.

Yes, please specify \_\_\_\_\_

No

**Receipt**

It is unlawful for any employee to make a false statement in connection with reporting on the job injuries. False statements in connection with reporting on the job injuries shall amount to falsification of County reports or documents as defined in Section 16-193 of the Prince George's

County Personnel Law. Employees making false statements are subject to disciplinary action up to and including dismissal

My signature below indicates that I have read and understand this document in its entirety.

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Employee Signature Date

Copy to: Departmental Medical File