

Issue Date

MEMORANDUM

TO: Employee Name, Employee ID
FROM: DRC name, Risk Coordinator, Department
RE: Disability Leave Benefit Waiver for Injuries/Illness Sustained on (**Incident Date**)

(Insert specifics regarding employee's previous missed DL appointment)

You were notified by your Case Manager on (insert date) at (insert time) in reference to your Disability Leave Examination scheduled with the County Clinic on (**insert date**), at (**insert time**). You failed to attend your Disability Leave Examination.

Please be advised that since you missed your previously scheduled Disability Leave Examination, any disability leave benefits for which you may have been eligible due to your reported injuries have been suspended until you are examined by the County Clinic.

As you were notified during our earlier conversation, your Disability Leave Examination is now scheduled with the County Clinic on (**appt date**), at (**appt time**). Please remember to take your driver's license and a copy of all medical records related to any treatment you have received due to your injury, illness, or condition to the Clinic for their review and consideration.

Please be advised that your failure to fully cooperate with this process and/or attend the currently scheduled Disability Leave Examination will be considered as your **expressed waiver of any future** disability leave benefits for which you may be eligible due to your reported injuries from your (**insert Incident/Illness Date**) workplace incident/condition.

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.

Insert First and Last Name of the Recipient(s)

Click or tap to enter a date.

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