ARIZONA DEPARTMENT OF CORRECTIONS	CHAPTER: 500 ADMINISTRATIVE/HUMAN SERVICES	OPR: DIR SS
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PURPOSE

This Department Order establishes a programmed approach in the management of employee health conditions that affect their ability to work and establishes procedural guidelines to assist in the management of employee absences. The Department shall make every effort to, when possible, return employees to their assigned duty by providing Temporary Work Assignments (TWA), Modified Duty, appropriate leave, or reasonable accommodation in accordance with applicable laws. In cases where the requirements of this Department Order are not consistent with state or federal law requirements (i.e., Family Medical Leave Act (FMLA), Industrial Leave, Americans With Disability Act (ADA), the state or federal requirement shall prevail.

APPLICABILITY

This Department Order is not applicable to private prisons. Private prisons shall adhere to their own personnel rules regarding FMLA, ADA, etc.

PROCEDURES

519.01 **INDUSTRIAL INJURY/ILLNESS** – Employees who sustain an injury, illness or disease arising out of and in the course of employment may be eligible for Workers' Compensation benefits.

1.1 The Arizona Department of Administration (ADOA) Risk Management Division is the state of Arizona's Worker's Compensation Program Administrator. The Human Resources Liaison, Occupational Health Nurse (OHN), and Occupational Safety Consultant (OSC) at each Institution/facility are the designated resource team for Workers' Compensation issues.

1.2 <u>Reporting/Management of Industrial Injuries and Illnesses</u>

1.2.1 Employees shall:

1.2.1.1 Report all incidents involving industrial injuries/illnesses as they occur to their immediate supervisor, Shift Commander or the next available person in their chain of command, as applicable. The individual to whom the industrial injury/illness is reported shall be designated as the responsible supervisor.

1.2.1.2 Complete the Employee/Supervisor Report of Industrial Injury/Illness, Form 519-2, with the responsible supervisor and ensure it is faxed or sent as an e-mail attachment to the OHN by the end of the shift the day the industrial injury/illness occurred.

1.2.1.2.1 Human Resources Liaisons, OSCs and OHNs shall maintain a supply of the form. It is also available on the ADCnet intranet website for all employees.

1.2.1.2.2 The reporting process shall not delay necessary medical treatment.

1.2.1.3 If medical treatment is necessary:

1.2.1.3.1 Be referred to an Arizona Department of Corrections (Department) approved contracted occupational health care provider for the initial evaluation, where available and when practical, to determine the nature and extent of their injury/illness. After initial evaluation, for changes in health care provider, employees shall contact the Workers' Compensation adjuster.

1.2.1.3.2 Notify their supervisor and the OHN if medical treatment was initially declined, but was later determined to be necessary.

1.2.1.3.3 Present a copy of the Employee/Supervisor Report of Industrial Injury/Illness form at the initial medical visit.

1.2.1.3.4 Complete the employee portion of the Worker's and Physician's Report of Injury, ICA Form 102, available at the health care provider's office.

1.2.1.3.5 Notify or arrange for notification of their first line supervisor by telephone as soon as possible when admitted to the hospital or in-patient care facility.

1.2.1.3.6 Ensure a Health Status Report, Form 519-3, is completed, submitted and approved prior to returning to work as outlined in section 519.03 of this Department Order, if applicable.

1.2.1.4 Call ADOA Risk Management's *Workers' Compensation Early Claims Notification 24-Hour Hotline* by the end of the shift on the day of the industrial injury/illness, whether or not medical treatment is required.

1.2.1.4.1 The employee's report provides the basis for a claim.

1.2.1.4.2 A claim for benefits may be filed with the Industrial Commission of Arizona within one year after the date of injury.

1.2.1.4.3 Claims denied by ADOA Risk Management may be appealed through the Industrial Commission of Arizona (ICA) within the time frames designated on the Notice of Claim Status.

1.2.1.5 Be required to wear slip resistant footwear after an injury related to a slip, trip or fall to reduce the likelihood of a future industrial injury.

1.2.2 The responsible supervisor shall:

1.2.2.1 Provide employees with the prompt opportunity to obtain medical evaluation and treatment on the day of the industrial injury/illness, if necessary.

1.2.2.2 If employees become incapacitated and unable to provide details, interview witnesses, complete the Employee/Supervisor Report of Industrial Injury/Illness as thoroughly as possible and ensure the form is provided to the OHN as outlined in this section.

1.2.2.3 If employees are eligible for FMLA, ensure they are notified in accordance with section 519.02 of this Department Order. FMLA shall run concurrently with industrial leave.

1.2.3 The appropriate Division Director, Assistant Director, Bureau Administrator, Administrator or Warden (management staff) or designee shall:

1.2.3.1 In consultation with the OHN and OSC at each institution/facility, ensure the Occupational Safety and Health Administration (OSHA) is notified within eight hours of a work-related death or a hospitalization of three or more employees.

1.2.3.2 In consultation with the OHN, assign employees to a TWA or Modified Duty in accordance with section 519.06 of this Department Order.

1.2.4 Correctional Officer Training Academy (COTA) Class Sergeants shall ensure claims are completed properly and reported by the next business day when a COTA Cadet is injured.

1.2.5 The OHN shall:

1.2.5.1 Review received Employee/Supervisor Report of Industrial Injury/Illness forms to determine if employees have sought medical care and/or are unable to work and import the form coding into the web-based Web envision system.

1.2.5.1.1 The system shall be a shared responsibility of the Occupational Health Unit (OHU), Human Resources Operations and ADOA Risk Management personnel.

1.2.5.2 Place the Employee/Supervisor Report of Industrial Injury/Illness form in the employee's confidential Occupational Health Medical Record, which is maintained at the OHU.

1.2.5.3 Maintain contact with employees to monitor their progress, determine their return-to-work-status and health limitations in accordance with this Department Order.

1.2.5.4 Coordinate the posting of the OSHA Recordkeeping Report, February 1 through April 30, as required by federal regulation.

1.2.5.5 Maintain the OSHA Record Keeping Log.

1.2.5.6 Receive claim status notices and other related documents from ADOA Risk Management and coordinate case management efforts with the ADOA Risk Management Claims Adjuster.

1.2.5.7 Maintain Workers' Compensation files, and label them as such on the work status log.

1.2.5.8 In consultation with the appropriate management staff or designee, ensure TWAs are made and monitored in accordance with section 519.06 of this Department Order.

1.3 Time Reporting

1.3.1 Employees shall not be paid Workers' Compensation if they are absent from work for seven calendar days or less. Employees shall be charged sick leave during this period.

1.3.1.1 After the seven calendar day period has elapsed, employees shall continue to use sick leave until it is exhausted and any other forms of approved leave, at a rate necessary to receive total pay (a combination of Workers' Compensation payments and leave payments), that does not exceed the gross salary of the employee.

1.3.1.2 After sick leave is exhausted and employees do not make a request to use other accrued leave, they shall be placed on Leave Without Pay (LWOP). For additional LWOP information, refer to section 519.08 of this Department Order.

1.3.2 Supervisors shall ensure the Positive Attendance Records (PARs) or Electronic Time Entry (ETE) for employees on industrial leave are completed in accordance with Department Order #512, Employee Pay, Work Hours, Compensation and Leave, to include coding the absence as industrial leave.

1.3.3 Payroll Unit staff shall:

1.3.3.1 Ensure employees on industrial leave are charged for leave taken in accordance with applicable statutes, Personnel Rules, Department Order #512, Employee Pay, Work Hours, Compensation and Leave, and/or other applicable written instructions.

1.3.3.2 Require employees who receive a retroactive Workers' Compensation payment for the initial period of sick leave and received a leave payment for that period to reimburse the Department for the amount of used sick leave.

1.3.3.2.1 Payroll Unit staff shall restore the equivalent value of leave to the employee's leave account.

1.3.4 Upon full medical release as outlined in section 519.03 of this Department Order, employees returning from industrial leave shall return to the position occupied at the start of the leave. If this position or a position in the same class is not available or no longer funded, the Department shall conduct a reduction in force.

1.3.5 For Correctional Officer Retirement Plan (CORP) members, Human Resources Liaisons shall:

1.3.5.1 Ensure CORP members on industrial leave for two weeks or longer receive an Application for Option to Contribute During Industrial Leave, Form C19. Refer to Attachment B, Non-Departmental Forms/ Documentation for the website for the form.

1.3.5.1.1 CORP members must elect to continue/discontinue contributions to CORP during the period of industrial leave. If they do not make an election, the time absent from work shall be considered as service but not credited service.

1.3.5.1.2 CORP members shall complete an Application for Option to Contribute During Industrial Leave form and mail it to the Arizona Department of Corrections CORP Local Board Office. The Application can be sent via Inter-Office Mail using Mail Code 560 or through the regular mail to, Arizona Department of Corrections – CORP, 1831 West Jefferson St., Phoenix, AZ 85007.

1.3.5.2 Notify the CORP Coordinator in the Human Services Bureau by fax, email and/or phone when CORP members are unable to work for two weeks or longer due to an industrial injury/illness and when they return to work.

1.4 Contracted health care providers may be available at some locales to provide initial services for an industrial injury/illness. An updated list is available on the ADCnet intranet website at http://10.6.0.30/HomePage/OHU_assistance_info.asp. Employees may also contact the OHN, Human Resources Liaison or the OSC for specific locations.

1.4.1 The OHU shall distribute updates of the lists of contracted health care providers, as changes occur, to the Human Resources Liaisons and OSCs.

1.5 Benefits Payable On Denied Claims

1.5.1 Medical benefits shall only be paid under the following circumstances:

1.5.1.1 Pursuant to Arizona Revised Statute (A.R.S.) 23-908, charges arising from the contracted health care provider designated by the Department to conduct the initial evaluation of the employee to ascertain the character and extent of the injury occasioned by the accident.

1.5.1.2 Treatment authorized by ADOA Risk Management.

1.5.1.3 For post-exposure evaluation and follow-up expenses, including reasonably required prophylactic treatment for MSRA, spinal meningitis, and tuberculosis.

1.5.1.3.1 Providing post-exposure evaluation and follow-up, including prophylactic treatment, does not constitute acceptance of a claim.

1.6 Public Safety Officer Supplemental Benefit Plan – Pursuant to Arizona Revised Statute (A.R.S.) 38-961 and the ADOA Public Safety Employees' Supplemental Benefit Plan (Plan) eligible, severely injured state public safety employees who are active members in CORP, with a compensable Workers' Compensation claim that precludes their return to full-time status, temporary light-duty or other restricted duty within 30 calendar days, shall receive a salary benefit. This benefit, which when combined with Workers' Compensation Temporary Disability Benefits, will equal 100% of their gross base pay. For further information, refer to the ADOA, Public Safety Employees' Supplemental Benefit Plan, available on the ADCnet intranet website, and on the ADOA website located at http://www.hr.az.gov/PDF/Public_Safety_Employees_Supplemental_Benefit_Plan.pdf.

1.6.1 The OHN shall notify employees of the possible eligibility for this benefit by mailing the application packet, which includes the ADOA policy and procedures and the Public Safety Officer Supplemental Benefit Plan Application for Benefits, Form 519-8, via certified and standard mail.

1.6.1.1 An employee may be eligible for public safety officer benefits if the injury occurred while in the line of duty (See Definitions). The following shall not be considered "in the line of duty:"

1.6.1.1.1 Injuries which occur during uncompensated meal and break times, prior to reporting to post, or at the end of shift when getting back to one's vehicle.

1.6.1.1.2 COTA Cadets.

1.6.1.2 In the event the Department has determined the injury was the result of gross negligence, the employee will not be eligible for this benefit. (See Definitions)

1.6.2 Application - For Plan consideration, eligible employees shall submit a completed Public Safety Officer Supplemental Benefit Plan Application for Benefits form to the OHN or the Human Resources Liaison at their institution/facility.

1.6.3 Approval shall be in accordance with risk management decisions and this Department Order.

519.02 FAMILY AND MEDICAL LEAVE ACT

1.1 In accordance with FMLA requirements, the Department shall grant unpaid job-protected family and medical leave to eligible employees calculated from the effective date of the current request. In most cases, the FMLA does not cover commonplace illnesses (i.e., colds and flu). For these illnesses, if appropriate, employees may apply for sick leave, sick family, annual, compensatory, holiday, or LWOP, as approved by their supervisor.

1.2 Eligibility Criteria - For the purposes of the FMLA, an eligible employee is an individual who has met all of the following criteria:

1.2.1 Is an employee of the state of Arizona.

1.2.2 Has been employed by the state of Arizona for at least 12 months (need not be continuous; however employment prior to the break in service of seven years or more need not be counted).

1.2.3 Has worked for at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. Work time is actual hours worked and excludes any type of leave taken.

1.3 Leave Entitlement

1.3.1 In accordance with the FMLA, the Department shall grant FMLA leave to eligible employees for up to 12 workweeks per 12-month period for any one or more of the following reasons:

1.3.1.1 For the birth of a child and in order to care for such child or the placement of a child with the employee for adoption or foster care. Leave time taken as one block of time for this reason shall be taken within the 12-month period following the child's birth or placement with the employee.

1.3.1.1.1 Intermittent FMLA for birth of a child shall only be approved when it is medically necessary due to the child's qualifying health condition.

1.3.1.2 To care for an immediate family member (spouse, child, or parent) of the employee if such immediate family member has a serious health condition, as defined in this Department Order.

1.3.1.3 For the employee's own serious health condition that makes the employee unable to perform the functions of his/her position.

1.3.1.4 For Qualifying Exigency Leave - Any qualifying exigency arising out of the fact that the employee's spouse, child or parent is a military member on "covered active duty."

1.3.2 A husband and wife, both of whom are employed by the state of Arizona, shall be eligible for a combined total of 12 workweeks of FMLA leave for the following:

1.3.2.1 The birth of a son or daughter.

1.3.2.2 Adoption or placement of a son or daughter in foster care.

1.3.2.3 To care for a parent with a serious health condition.

1.3.2.4 A qualifying military exigency.

1.3.3 Military Caregiver Leave - Eligible employees may take up to 26 workweeks of Military Caregiver Leave during a single 12-month period to care for a covered servicemember with a serious injury or illness when the covered service member is the employee's spouse, child, parent or next of kin.

1.3.3.1 A husband and wife both employed by the state of Arizona are eligible for a combined total of 26 workweeks of Military Caregiver Leave.

1.3.4 For more specific FMLA requirements and definitions, employees may review the following documentation listed on Attachment B:

1.3.4.1 Appendix C to Part 825 – Notice to Employees of Rights under FMLA (WH Publication 1420) (Appendix C).

1.3.4.1.1 The appropriate management staff or designee shall ensure a copy of Appendix C is posted on all employee bulletin boards.

1.3.4.2 The Family and Medical Leave Act Fact Sheets #28, #28M, #28M(a), #28M(b) and #28M(c).

1.4 Requests For FMLA - To request FMLA, employees shall submit:

1.4.1 A completed Family and Medical Leave Request/Notification, Form 519-2, to the Human Resources Liaison.

1.4.1.1 When the need for leave is foreseeable, employees shall submit the form 30 calendar days in advance.

1.4.1.2 When the leave is foreseeable less than 30 calendar days in advance or unforeseeable, employees shall submit the request for leave as soon as practicable.

1.4.1.3 The form shall indicate if the leave will be intermittent, a reduced work schedule or full-time leave. For information on intermittent and reduced schedule, refer to 1.6 through 1.6.4.2 of this section.

1.4.1.4 A beginning and ending date for the leave time must be indicated. Forms with absences categorized as indefinite or unknown shall be returned to the employee for clarification.

1.4.1.4.1 The employee and the employee’s supervisor shall sign and date the form.

1.4.1.5 The appropriate Certification of Health Care Provider form completed by the employee's or family member's treating health care provider. Refer to Attachment B for the website addresses of the forms references in this section.

1.4.1.5.1 The appropriate Certification of Health Care Provider shall be provided to the OHN no later than 15 calendar days from the date of the Family and Medical Leave Request/Notification form.

1.4.1.5.2 Failure to provide the appropriate Certification of Health Care Provider form may result in a delay of the FMLA leave or may result in denial.

1.4.1.5.3 Certification of Health Care Provider for Family Member’s Serious Health Condition, Form WH-380-F, shall be used to document FMLA leave to care for an eligible family member as outlined in this section.

1.4.1.5.4 Certification of Health Care Provider for Employee's Serious Health Condition, Form WH-380-E, shall be used to document FMLA due to an employee's own serious health condition.

1.4.1.5.5 Certification of Qualifying Exigency For Military Family Leave, Form WH-384, shall be used to document FMLA leave due to a qualifying exigency as outlined in this section.

1.4.1.5.6 Certification for Serious Injury or Illness of a Current Servicemember for Military Family Leave, Form WH-385, shall be used to document Military Caregiver Leave as outlined in this section.

1.4.1.5.7 Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave, Form WH-385-V, shall be used to document Military Caregiver Leave for a veteran as outlined in this section.

1.5 Processing FMLA Requests – FMLA leave for an FMLA-qualifying event shall be designated as FMLA leave within five business days from the date the OHN has signed the Family Medical Leave Request/Notification form, whether or not a Family and Medical Leave Request/Notification form has been completed (i.e., in cases of urgent hospitalizations). The appropriate management staff or designee shall notify the employee in writing and the employee's supervisor of the approval/denial of the request for FMLA within five business days and ensure the FMLA process is completed as outlined in this section.

1.5.1 Human Resources Liaisons, upon receipt of completed Family and Medical Leave Request/Notification forms shall:

1.5.1.1 Verify employees have been employed with the state of Arizona for 12-months and have worked 1,250 hours within the past 12-months.

1.5.1.2 Use the "rolling 12-month period" method, as defined in this Department Order, to determine the employee's FMLA eligibility and track the amount of FMLA leave available for the employee to use.

1.5.1.3 Note on Family and Medical Leave Request/Notification forms whether or not employees meet the eligibility requirements.

1.5.1.4 When employees do not meet eligibility requirements, forward the form to the OHN who will acknowledge and forward to the Warden for notification of the employee.

1.5.1.5 When employees meet eligibility requirements, forward the form to the OHN.

1.5.1.6 Contact the OHN and/or the Employee Relations Unit if the Department has received information that casts doubt upon the validity of the reason for the FMLA Request or Certification or continuance of FMLA.

1.5.2 The OHN, upon the receipt of a completed Family and Medical Leave Request/ Notification form, shall:

1.5.2.1 Request the appropriate Certification of Health Care Provider form from the employee if it is not attached to the Family and Medical Leave Request/Notification form or received previously.

1.5.2.2 Evaluate the received appropriate Certification of Health Care Provider form for determining if the health condition is qualifying for FMLA leave.

1.5.2.2.1 When clarification of health care information/ documentation is needed for business purposes only, the OHN shall request employees provide clarification or rectify any deficiencies within seven calendar days.

1.5.2.2.2 When clarification regarding handwriting that cannot be interpreted or understanding of a health care provider's documentation is needed, the OHN or other designated positions (i.e., Human Resource Professional, Employee Relations Unit staff, the appropriate management staff or designee) may contact the employee's health care provider for clarification.

1.5.2.2.3 At no time shall the employee's direct supervisor contact the employee's health care provider.

1.5.2.3 After indicating whether or not the health condition is a qualifying event, sign and date the form and forward it to the appropriate management staff or designee for final approval.

1.6 Intermittent Leave or Leave on a Reduced Schedule

1.6.1 Intermittent leave or leave on a reduced schedule shall require a medical need, which can be best accommodated through an intermittent leave or leave on a reduced schedule.

1.6.2 Employees may be temporarily transferred to an alternative position that better accommodates recurring periods of leave to reduce or eliminate the adverse effects of the leave on workplace staffing and operations. The appropriate management staff or designee shall consult with the Employee Relations Unit prior to any temporary reassignment to accommodate intermittent leave.

1.6.3 When intermittent leave is needed to care for an immediate family member or their own illness and planned medical treatment, employees shall try to schedule treatment so as not to unduly disrupt the employer's operation.

1.6.4 Uncovered and covered employees on approved FMLA who are status exempt from earning overtime, straight time, or compensatory time under the Fair Labor Standards Act (FLSA) for working in excess of 40 hours in a workweek and determined by the state to be FLSA exempt shall:

1.6.4.1 On the Electronic Time Entry (ETE), report their intermittent partial day absences on two separate lines, which combined will total eight hours (or their regularly scheduled hours).

1.6.4.1.1 The first line entry will be the actual hours worked (Pay Code 100). The second line entry will be the partial absence hours with the applicable Pay Code (i.e., 100, 300, 310, 311, etc.) and the FMLA Code "AC" (i.e., FS, FF, IN, IS, etc.).

1.6.4.1.2 If the intermittent partial day absence is for a family member, the employee shall click on the day of the week header to add a comment reporting the relationship of the family member.

1.6.4.2 On their PAR, report their actual hours worked as Code 100 for the day. The intermittent FMLA partial absence time will be recorded on the PAR as Code 105, with the specific FMLA Attendance Code of FS, FF, IN, IS, etc.

1.6.4.2.1 If the intermittent FMLA partial day absence is for a family member, the employee shall report the relationship of the family member on the comment line.

1.6.4.3 If on a reduced leave/work schedule expected to exceed one pay period, have their hours counted against their available FMLA and have their leave time charged and deducted from the appropriate paid leave category. The supervisor is responsible for advising the employee that the leave time will be deducted from the appropriate paid leave category.

1.7 Protections During FMLA Leave – For information on group health insurance, job restoration, and enforcement of the rights provided by the FMLA, refer to Fact Sheet #28A listed on Attachment B.

1.7.1 Health insurance shall remain in effect once all paid leave has been exhausted however, employees on LWOP must remit the employee portion of the premium. Failure to make payments on time may result in cancellation of health insurance.

1.7.2 Employees shall return to their former position after an approved period of FMLA or an equivalent position with equivalent pay, benefits, status, regular day off (RDO), shift, and authority.

1.7.3 Questions regarding FMLA shall be referred to the OHN and/or the Employee Relations Unit.

1.8 Leave Requirements and Notification

1.8.1 Supervisors shall monitor employee absences. If employees have been absent from work for more than three consecutive full calendar days due to a health condition affecting them or covered family members, the supervisor shall notify employees of their rights, benefits and responsibilities under FMLA. Notification shall be made in writing and mailed to the employee's residence via certified and standard mail.

1.8.2 Employees on FMLA shall use appropriate accrued leave as outlined in ADOA Personnel Rules. LWOP status shall be approved only when all other applicable leave is exhausted.

1.8.3 Leave may be designated as FMLA, after employees return to work only when:

1.8.3.1 They were absent for a qualifying reason and the Department did not learn of the reason for the absence until their return.

1.8.3.2 The Department is aware of the reason for the leave and receipt of substantiating medical documentation is delayed.

1.8.3.3 Their own serious health condition is the reason for the absence as outlined this section.

1.8.4 If applicable, FMLA leave shall apply on the first day employees began their leave. If, at any time, it is determined employees on approved FMLA shall not be returning to work, the FMLA leave entitlement shall cease.

1.8.5 Upon approval for full time FMLA, the employee is not required to call in or otherwise provide periodic updates until the conclusion of their leave (excluding intermittent FMLA).

1.8.5.1 During absences of intermittent leave under the FMLA, employees shall notify their direct supervisor of their absence and the reason for the leave. Call-in procedures shall be used to track an employee's qualifying FMLA entitlement. Failure to follow call-in procedures may result in disciplinary action.

1.8.6 Supervisors shall ensure approved FMLA leave time is properly coded on the PAR or ETE utilizing established FMLA payroll codes.

1.8.7 The OHN shall:

1.8.7.1 Maintain an up to date Occupational Health Medical Record for each employee and provide appropriate authorities with access to this information for business-related reasons only.

1.8.7.2 Monitor employees on leave.

1.8.7.3 Notify the appropriate management staff or designee 15 calendar days prior to the expiration of an employee's approved leave.

519.03 RETURN-TO-WORK PROVISIONS

1.1 Supervisors shall notify the OHN when an employee is absent from work for more than three consecutive full calendar days and ensure the employee receives proper notification of their rights, benefits and responsibilities under FMLA as outlined in section 519.02 of this Department Order.

1.2 Employees who miss more than three consecutive full calendar days after a serious health condition, or an illness or injury shall submit to the OHN a Health Status Report form completed by a health care provider for clearance to return to duties.

1.3 Return to Work Assignment (Full Duty)

1.3.1 In order to return to full duty, the submitted Health Status Report form shall document the employee's ability to return without work restrictions.

1.3.2 The OHN notify the employee's chain of command of the medical clearance.

1.4 Return to Work (With Restrictions)

1.4.1 In order to return to work with restrictions, the submitted Health Status Report shall indicate applicable restrictions.

1.4.1.1 If restrictions are temporary, an appropriate TWA or Modified Duty may be approved in accordance with section 519.06 of this Department Order.

1.4.1.2 Employees may be eligible for accommodation under the ADA as outlined in section 519.04 of this Department Order.

1.4.2 The appropriate management staff or designee may schedule employees for Fitness-for-Duty Evaluations in consultation with the Employee Relations Unit as outlined in section 519.05 of this Department Order.

1.5 No Return To Work

1.5.1 When employees fail to return or are incapable of returning to work upon the expiration of approved medical leave, the appropriate management staff or designee shall make contact with employees in consultation with the Employee Relations Unit and the OHN.

1.5.2 For an industrial injury/illness-related TWA or Modified Duty:

1.5.2.1 Prior to the expiration, the OHN shall consult with the Risk Management/Workers' Compensation regarding the employee's work status and options and notify the supervisor and appropriate management staff or designee.

1.5.2.2 Employees shall be placed off work until the return to full duty is approved by the health care provider and the OHN.

1.5.3 For a non-industrial injury/illness-related TWA or Modified Duty:

1.5.3.1 The appropriate management staff or designee shall consult with Employee Relations and the OHN regarding the employee's work status and option.

1.5.3.2 Employees shall be required to use available leave time until cleared by the health care provider.

1.5.4 When employees are permanently unable to return to their job assignment:

1.5.4.1 The appropriate management staff or designee shall consult with the Employee Relations Unit upon receipt of information indicating employees are permanently unable to return to their job assignment for health reasons.

1.5.4.2 Employee Relations Unit staff shall assist in the preparation of a letter advising the employee of their leave status and available employment options, and identify time frames.

1.6 Employees may be separated without prejudice if they decline a job offer of permanent reassignment.

1.7 Employees failing to return to work upon expiration of approved leave shall be subject to appropriate administrative action coordinated with the Employee Relations Unit.

519.04 **ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)** – The ADA is a civil rights law that prohibits discrimination against individuals with disabilities. It defines an "individual with a disability" as an individual with a physical or mental impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. Qualified employees under the ADA shall be considered for reasonable accommodation upon request. All accommodation requests shall be treated as a priority and processed expeditiously, ensuring confidentiality throughout the review process.

1.1 Employees meeting the criteria for reasonable accommodation shall complete a Request for Reasonable Accommodation, Form 519-5, and forward it, with supporting medical documentation, to appropriate management staff or designee. The form shall identify the requested accommodation(s) including, but not limited to:

1.1.1 Modification of duties.

1.1.2 Specialized equipment or furniture.

1.1.3 Restructuring the physical environment.

1.1.4 Reassignment.

1.2 Upon receipt of a Request for Reasonable Accommodation form, the appropriate management staff or designee shall:

1.2.1 Begin the interactive process by meeting with the employee to discuss the form.

1.2.2 Consult with the OHN and the Employee Relations Unit to:

1.2.2.1 Review the essential functions of the position and determine if the employee needs to be placed in a TWA or on appropriate leave pending review of the form if the impairment precludes the employee from performing any of the essential functions of their position.

1.2.2.2 Evaluate the request, and determine the ability to accommodate.

1.2.3 Complete indicating the recommendation and forward a copy to the Employee Relations Unit.

1.3 The Employee Relations Unit shall:

1.3.1 Process Request for Reasonable Accommodation forms as a priority and as expeditiously as possible.

1.3.2 Continue the interactive process with the employee.

1.3.3 Evaluate the forms and consult with the appropriate management staff or designee, the Staffing Unit, and the OHN, as necessary.

1.3.4 Determine if additional health documentation or other professional consultation is needed.

1.3.5 Submit an analysis and recommendation to the Chief Human Resources Officer or designee for final approval.

1.4 The Chief Human Resources Officer or designee shall:

1.4.1 Request additional information from the Employee Relations Unit, if necessary.

1.4.2 Determine if employees are qualified individuals under the ADA.

1.4.3 Approve, deny or modify the Request for Reasonable Accommodation form in writing and return the documentation to the Employee Relations Unit.

1.5 The Employee Relations Unit shall:

1.5.1 Notify the employee and the appropriate management staff or designee of the decision.

1.5.2 Assist in coordinating the accommodation.

1.5.3 Ensure appropriate records are maintained.

1.6 The appropriate management staff or designee shall:

1.6.1 Implement the approved accommodation.

1.6.2 Ensure the accommodation continues as necessary.

1.7 Prohibited Accommodation – Informal accommodations requested outside of this process shall not be granted and, if approved in error, they shall not be binding or permanent.

519.05 **FITNESS-FOR-DUTY EVALUATIONS** – Some evidence of problems related to job performance or safety that may have a health condition that may trigger the need for evaluation. Fitness-for-Duty evaluations shall be conducted if the concerns are job-related and consistent with business necessity.

1.1 The appropriate management staff or designee shall:

1.1.1 Consult with Employee Relations Unit to determine if employees require a Fitness-for-Duty evaluation to determine their ability to perform the duties of their position.

1.1.2 If deemed appropriate pending the outcome of the evaluation, request employees be placed in a TWA as outlined in section 519.06 of this Department Order or be placed on appropriate leave, excluding paid administrative leave.

1.1.3 Compile and submit to Employee Relations and the Occupational Health Administrator a comprehensive referral packet containing: copies of relevant documents including, but not limited to: information reports, investigative summaries, medical/psychological records, performance documents, job descriptions, disciplinary notices, memoranda or other relevant written communications.

1.1.4 Schedule an appointment through the Employee Relations Officer or the OHU Administrator with an approved health care provider and notify the employee in writing of the scheduled appointment.

1.2 Employee Relations Unit staff or the OHU Administrator shall prepare the Contracted Health Care Provider Letter that includes a summary of the employee and their background, the events leading to the referral, management's concerns regarding the employee's health, and what the appropriate management staff or designee needs to know from the evaluation.

1.3 Requests for a Fitness-for-Duty evaluation and the results of any Department-ordered evaluation shall be held in strict confidence.

1.3.1 Information shall be disclosed on a need-to-know basis only. Requests for copies of Fitness-for-Duty reports shall be directed to the Employee Relations Unit.

1.4 Employees who have been ordered to attend a Fitness-for-Duty evaluation shall:

1.4.1 Attend the evaluation as ordered.

1.4.1.1 Employees shall not change the appointment date and time.

1.4.1.2 Employees who refuse to attend the appointment, or otherwise refuse to cooperate, may be subject to disciplinary action.

1.4.2 Present their staff identification card at the time of the appointment.

1.4.3 Sign a Release of Information form provided by the health care provider's office.

1.4.4 Be considered "on-duty" when traveling to/from and attending the evaluation.

1.4.4.1 Use of a state vehicle is authorized, unless an employee's condition dictates otherwise.

1.4.4.2 If the employee or the appropriate management staff or designee believes that the employee is unable to drive due to medication or other medical reasons, the appropriate management staff or designee shall arrange transportation to and from the health care provider's office.

1.5 The Employee Relations Unit or the OHU Administrator shall:

1.5.1 Coordinate with contracted health care providers to obtain Fitness-for-Duty reports and information as soon as possible within contract limits and, upon review, provide the results to the appropriate management staff or designee, the OHN and others who have a business need to know of the Fitness-for-Duty evaluation.

1.5.2 Coordinate with the appropriate management staff or designee restrictions or limitations to duty and assist with follow up evaluations as indicated.

519.06 TEMPORARY WORK ASSIGNMENT (TWA)/MODIFIED DUTY

1.1 The OHU Administrator shall update and maintain the Statewide Temporary Work Assignments (TWA) List, which is available on the ADCnet intranet website at http://10.6.0.30/safety/safety.asp.

1.2 Employees may request and be approved for TWA/Modified Duty for a qualifying medical condition once in a 12-month period.

1.2.1 Within the 12-month period, employees diagnosed with a new medical condition may request and be approved for additional TWA/Modified Duty; however, employees cannot be approved for additional TWA/Modified Duty for the same medical condition(s) during the same time period.

1.3 The OHN, upon reviewing an employee's submitted Health Status Report form indicating a temporary health restriction, shall notify the employee's supervisor and appropriate management staff or designee via email of the employee's current medical work restrictions.

1.3.1 Pregnancy – A TWA or Modified Duty for pregnancy may be requested at any time during the pregnancy and may last the entire duration of the pregnancy.

1.3.2 Industrial injury/illness – A TWA or Modified Duty may be approved up to 90 calendar days in 30 calendar day increments.

1.3.2.1 Employees shall provide the OHN a Health Status Report form completed by the treating health care provider every 30 calendar days indicating the medical necessity of the continuance of their TWA or Modified Duty.

1.3.3 Non-industrial injuries/illnesses – A TWA or Modified Duty may be approved up to 30 calendar days.

1.4 The appropriate management staff or designee shall:

1.4.1 Approve a TWA or Modified Duty in consultation with the OHU or, in unusual circumstances, with the Employee Relations Unit consistent with employees' temporary health restrictions.

1.4.1.1 Employees shall not return to work until the TWA or Modified Duty is approved.

1.4.1.2 Extensions shall not be considered.

1.4.2 Notify the employee in writing.

1.4.3 Make every effort to place employees requiring a TWA or Modified Duty as a result of an industrial injury/illness.

1.4.3.1 In extreme circumstances (i.e., an increase in the inmate population), the appropriate management staff or designee may modify an existing TWA or create a new TWA in consultation with the OHU Administrator and the Regional Operations Director.

1.4.4 Place employees on a waiting list for the next available assignment for which they are medically cleared if requests are approved, but the Statewide Temporary Work Assignments (TWA) List is exhausted or employees cannot be placed due to medical restrictions.

1.4.5 Consult with the Employee Relations Unit and the OHN if requests are a result of an industrial injury/illness.

1.4.6 Consult with the Employee Relations Unit and the OHN prior to disapproving a request.

1.4.7 Notify the Human Resources Liaison when a TWA or Modified Duty requires movement of employees to a different work unit.

1.4.8 Forward all documentation and confidential medical records in their possession to the OHU.

1.5 During a TWA or Modified Duty:

1.5.1 Employees shall:

1.5.1.1 If a uniformed Correctional Officer Series employee, remain in uniform unless the exemption is certified by a treating health care provider as medically required and approved by the appropriate management staff or designee.

1.5.1.2 Not work overtime.

1.5.1.3 Not be assigned to an armed post.

1.5.1.4 Provide the OHN with the appropriate release or clearance to return to their normal duty assignment upon completion of the TWA or Modified Duty.

1.5.1.4.1 The OHN shall evaluate return to work releases and provide a recommendation to management. If approved, management shall notify the employee in writing.

1.5.2 TWA supervisors shall:

1.5.2.1 With technical assistance from the OHU, ensure daily assignments given to employees are consistent with the conditions and limitations of the approved TWA.

1.5.2.2 Supervise the employee's daily work-related activities.

1.5.2.3 Provide performance documentation to the employee's regular supervisor at the end of the TWA.

1.5.3 The OHN shall:

1.5.3.1 Recommend a TWA or Modified Duty based on documented medical restrictions.

1.5.3.2 Document the beginning and ending dates of the TWA or Modified Duty in the Occupational Health and Safety database.

1.5.3.3 Monitor the time frames.

1.5.3.4 Maintain documentation of confidential medical records in the employee's confidential Occupational Health Medical Record.

1.5.3.5 Provide relevant information to staff with a bona fide need to know.

1.6 The Employee Relations Unit shall provide guidance and assistance to supervisors, the appropriate management staff or designee and employees when required.

1.7 TWA or Modified Duty for Inability to Meet Firearms Qualification Requirements

1.7.1 As outlined in Department Order #510, Firearms Qualification/Firearms Instructor Certification, staff required to obtain or maintain firearms qualification and are pregnant or have a temporary medical condition may elect to request modification of duty by completing a completed Firearms Safety and Waiver of Liability Roster, Form 510-4.

1.7.2 The appropriate management staff or designee shall, depending on the available medical information, authorize a TWA or Modified Duty or refer/recommend a Fitness-for-Duty evaluation, as outlined in section 519.05 of this Department Order.

1.8 Employees unable to return to full duty upon the conclusion of the TWA or Modified Duty shall be processed in accordance with section 519.03 of this Department Order.

519.07 EMPLOYEE CONFIDENTIAL OCCUPATIONAL HEALTH MEDICAL RECORD

1.1 All records and documents shall be retained in accordance with Department Order #103, Correspondence/Records Control, or applicable statute.

1.2 Medical records are confidential, and shall not be placed in an employee's Central Office Personnel File, Institution Personnel File, or a supervisor's or Human Resources Liaison's working file.

1.3 Occupational Health Medical Records shall be maintained in the OHU at the employee's current institution/facility. The Employee Relations Unit may also maintain confidential medical records.

1.4 The OHU shall ensure medical records are released only to those who have a need to know based on business necessity.

1.5 Questions regarding medical records or information shall be directed to the OHN.

1.5.1 The OHN shall inform supervisors, appropriate management staff or designee regarding necessary restrictions on the work or duties of their employees.

1.5.2 Staff in the following areas shall be authorized to obtain clarification of an employee' health care documentation:

1.5.2.1 OHN.

1.5.2.2 Employee Relations Unit staff.

1.5.2.3 The appropriate management staff or designee.

1.5.2.4 Human Resource Professionals.

1.5.3 Under no circumstances may the employee's supervisor contact the employee's health care provider.

519.08 LEAVE-RELATED INFORMATION

1.1 Leave Without Pay (LWOP)

1.1.1 Employees unable to work due to a non-job related, seriously incapacitating and extended illness or injury may submit to the appropriate management staff or designee a Leave Without Pay Employee Request/Report Personnel Rule R2-5A-C602 (Leave Without Pay Request), Form 512-15, for review and consideration prior to the requested date of the leave with corroborating documentation of the illness or injury from the employee's treating health care provider.

1.1.2 The appropriate management staff or designee shall submit the Leave Without Pay Request form and corroborating documentation to the Employee Relations Unit for review and recommendations to the appropriate Division Director/ Assistant Director.

1.1.2.1 At the Department's expense, this documentation shall be subject to confirmation by a Department-selected health care provider, whose opinion shall be used to determine whether LWOP for the medical condition should be granted.

1.1.3 Employees may be placed on LWOP after they have exhausted all leave balances, inclusive of all leave donated if they do request to use other accrued leave.

1.1.4 LWOP shall terminate on the end date indicated on the Leave Without Pay Request form, unless otherwise changed by management.

1.2 Donation of Annual Leave

1.2.1 Employees may donate annual leave to an individual who has no accumulated annual leave if the individual is:

1.2.1.1 Another employee in the same agency as the donating employee.

1.2.1.2 A family member of the donating employee who is employed in another agency.

1.2.1.3 Eligible due to a qualifying illness or injury, or is required to care for an immediate family member who has a serious incapacitating illness or injury.

1.2.2 Employees are encouraged to submit an Agreement to Receive Annual Leave Contributions, Form 512-5, accordance with Department Order #512, Employee Pay, Work Hours, Compensation and Leave.

1.2.3 For additional information regarding annual leave donations, contact the Human Resources Liaison.

DEFINITIONS

ESSENTIAL JOB FUNCTION – A fundamental and material job action, distinguished from a non-critical or peripheral duty, required to perform the duties of the assignment.

EXTENDED ILLNESS OR INJURY – A period of at least three weeks to a maximum of six consecutive months for the purposes of annual leave donation. (R2-5A-B602)

FAMILY MEMBER –

- **ANNUAL LEAVE DONATION** - For the purposes of annual leave donation only, family member includes spouse, child (natural, adopted, foster, step, grand), parent (natural, adoptive, grand), brother, sister, in-law, (brother, sister, son, daughter, mother, father).

- **FAMILY MEDICAL LEAVE ACT** – For the purpose of FMLA, family member includes son and daughter (biological, adopted, foster, step, legal ward, child of a person standing in loco parentis), parent (biological or someone who stood in loco parentis), and spouse.

GROSS NEGLIGENCE – For the purpose of this Department Order, means an act that is determined by the Department to demonstrate knowing or reckless indifference to the employee's own health or safety beyond the scope of the employee's duty. Violations of policies, procedures and professional standards that place the employee or others at risk of injury or death, including failing to use equipment, vehicles, furniture and/or tools in a proper manner may constitute gross negligence.

HEALTH CONDITION – A temporary or permanent diagnosed illness, disease or injury that may be physical or psychological in nature.

HEALTH STATUS REPORT – A Department form used to describe a medical condition, duration and defines the extent of work limitations for an employee capable of working, or to indicate full duty status.

HEALTH CARE PROVIDER (PHYSICIAN, PRACTITIONER) – Includes the following providers if they are authorized to practice medicine or surgery, as appropriate, by the state or country in which the doctor practices and are certified to perform within the scope of their practice as defined under the state or country in which they practice:

- Doctors of medicine or osteopathy.
- Podiatrists, dentists, clinical psychologists, optometrists and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist).
- Christian Science practitioners listed with the First Church of Christ Scientist in Boston, Massachusetts. (Where an employee is receiving treatment from a Christian Science Practitioner, the employee may not object to any requirement from the Department that the employee or family member submit to examination (though not treatment) to obtain a second or third Certification of Health Care Provider form from a health care provider other than a Christian Science Practitioner.)
- Any health care provider recognized by the Department or the state's group health plan's benefits manager.

IN THE LINE OF DUTY – For the purpose of this Department Order means, the occurrence of an injury during the employee's performance of an essential function/critical component of their job's core responsibilities.

MODIFIED DUTY – Temporary modification to employees' regular duties based upon medical necessity which allows them to remain in their normal assignment and work area (i.e., for non-uniform staff). While working such an assignment employees shall receive their regular rate of pay.

PREGNANCY RELATED CONDITION – A temporary secondary medical condition or concern precipitated by the pregnancy.

ROLLING 12-MONTH PERIOD – For the purposes of this Department Order, the 12-month period measured backward from the date an employee uses any FMLA leave. Under the ''rolling'' 12-month period, each time an employee takes FMLA leave, the remaining leave entitlement would be the balance of the 12 weeks which has not been used during the immediately preceding 12 months.

- *Example*: Michael requests three weeks of FMLA leave to begin on July 31. The employer looks back 12 months (from July 31 back to the previous August 1) to see if any FMLA leave had been used. Michael had not taken any previous FMLA leave, so he is entitled to the three weeks he requested and has nine more weeks available.

SERIOUS HEALTH CONDITION – For the purpose of this Department Order relating to federal FMLA requirements, an illness, injury, impairment, or physical or mental condition that involves one or more of the following:

- Any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility.

- A period of incapacity requiring absence of more than three calendar days from work, school, or other regular daily activities that also involves continuing treatment by (or under the supervision of) a health care provider.

- Any period of incapacity due to pregnancy, or for prenatal care.

- Any period of incapacity (or treatment therefore) due to a chronic serious health condition (e.g., asthma, diabetes, epilepsy, etc.).

- A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective (e.g., Alzheimer's, stroke, terminal diseases, etc.).

- Any absences to receive multiple treatments (including any period of recovery therefrom) by, or on referral by, a health care provider for a condition that likely would result in incapacity of more than three consecutive days if left untreated (e.g., chemotherapy, physical therapy, dialysis, etc.).

SEVERE INJURY – Physical damage, harm or loss giving rise to the compensable Workers' Compensation claim; that compromises the safety of the employee, the public, other employees or state employees, or inmates or youth confined to a correctional facility thereby precluding return to full duty status, temporary light duty assignment, or other restricted duty, in accordance with risk management decisions and the Department's policies and procedures; and that meets the Eligibility Criteria set forth herein.

TEMPORARY WORK ASSIGNMENT (TWA) – Temporary reassignment to a different job, performing duties of compatible with health limitations (i.e., uniform staff). While working such an assignment an employee receives his/her regular rate of pay. TWAs shall exclude sole and/or direct control or supervision of inmates, Incident Command System (ICS) response, unit/yard control rooms, and housing unit control rooms.

WORKDAY – For the purpose of this Department Order, the days employees are normally scheduled to work. Regular Days off and holidays do not count.

{Original Signature on File}

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Charles L. Ryan
Director

ATTACHMENTS
Attachment A – Health Care Provider Prognosis Request (Letter)
Attachment B – Non-Departmental Forms/Documentation

FORMS LIST

519-1, Family and Medical Leave Request/Notification
519-2, Employee/Supervisor Report of Industrial Injury/Illness
519-3, Health Status Report
519-5, Request for Reasonable Accommodation
519-8, Public Safety Officer Supplemental Benefit Plan Application for Benefits

CROSS-REFERENCE INDEX

Department Order #102, Information Technology
Department Order #103, Correspondence/Records Control
Department Order #106, Contract Beds
Department Order #108, Americans with Disabilities Act Compliance
Department Order #116, Employee Communicable Disease Exposure Control Plan
Department Order #503, Employee Grooming and Dress
Department Order #510, Firearms Qualification/Firearms Instructor Certification
Department Order #512, Employee Pay, Work Hours, Compensation and Leave
Department Order #518, Personnel Rules - Delegated Authority
Department Order #523, Domestic and Workplace Violence
Department Order #525, Employee Attendance
Department Order #517, Employee Grievances
Department Order #601, Administrative Investigations and Employee Discipline
Department Order #717, Service Dog Program
Department Order #1003, Community Corrections

AUTHORITY

A.R.S. 23-901 et seq, Scope of Worker's Compensation
A.R.S. 23-908, Injury Reports by Employer and Physician; Schedule of Fees; Violation; Classification
A.R.S. 23-1043.01, Heart-Related and Mental Cases
A.R.S. 38-711 et seq, Arizona State Retirement System
A.R.S. 38-881 et seq, Correctional Officer Retirement Plan
A.R.S. 38-961, Public Safety Officer; Duty-Related Injury; Supplemental Benefits Plan; Definitions
A.R.S. 41-1492 et seq, Public Accommodation and Services
A.R.S. 41-1661 et seq, Correctional Officer Training
A.R.S. 41-1821 et seq, Arizona Peace Officer Standards and Training Board
A.A.C. R2-5A-A601, Leave Administration
A.A.C. R2-5A-B602, Annual Leave
A.A.C. R2-5A-B603, Sick Leave
A.A.C. R2-5A-C602, Leave Without Pay
A.A.C. R2-5A-D602, Industrial Leave
A.A.C. R2-5A-D601, Family and Medical Leave Act (FMLA) Leave
A.A.C. R2-5B-602, Reduction in Force Procedures
A.A.C. R2-5B-603, Employee Request for Review
Equal Employment Opportunity Commission
The Americans With Disabilities Act of 1990, Titles I-V
The Americans With Disability Act Amendments Act of 2008
The Fair Labor Standards Act
28 CFR Part 35, Nondiscrimination on the Basis of Disability In State and Local Government Services
Family and Medical Leave Act of 1993
U.S. Civil Rights Act of 1964
Rehabilitation Act of 1973

ATTACHMENT A
DEPARTMENT ORDER #519

HEALTH CARE PROVIDER PROGNOSIS REQUEST (Letter)

(Date)

(Name
Address
City, State ZIP)

Dear Mr./Ms. (Name):

(Write chronology of incident(s) that have occurred.)

As your employer, the Department is requesting that you be evaluated to determine your health/safety as it relates to your assigned job duties. To assist your health care provider with the evaluation, I am enclosing a copy of the essential job functions for a [employee's job title]. (if you do not have an essential job function listing, provide a brief description of the employee's essential job responsibilities or a PDQ).

We would like your health care provider to provide the following information:

1. Describe any job limitations that are a result of the health condition.

2. Describe how long the job limitations, if any, will last or are expected to last.

3. (Any other questions asked must be approved by the Employee Relations Unit)

This information will help assess the work-related issues that have arisen, so it is important that the information pertain specifically to the nature of your health condition and its impact upon work activities as opposed to general statements about the condition or how it can affect other people.

Please report the results of the examination by (date) so I can continue the review process. Thank you.

Sincerely,

(Authorized Signature)

Non-Departmental Forms/Documentation

Document	External Website Address	Form #
Appendix C to Part 825 – Notice to Employees of Rights Under FMLA (WH Publication 1420).	http://www.gpo.gov/fdsys/pkg/CFR-2012-title29-vol3/pdf/CFR-2012-title29-vol3-part825-appC.pdf	880
Application for Option to Contribute During Industrial Leave	http://www.psprs.com/sys_corp/Forms/CORP%202013-2014/Employer%20Forms/FORM%20C19%20-%20Industrial%20Leave.pdf	C19
Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave	http://www.dol.gov/whd/forms/wh385V.pdf	WH-385-V
Certification for Serious Injury or Illness of a Current Servicemember for Military Family Leave	http://www.dol.gov/whd/forms/WH-385.pdf	WH-385
Certification of Health Care Provider for Employee's Serious Health Condition	http://www.dol.gov/whd/forms/WH-380-E.pdf	WH-380-E
Certification of Health Care Provider for Family Member's Serious Health Condition	http://www.dol.gov/whd/forms/WH-380-F.pdf	WH-380-F
Certification of Qualifying Exigency For Military Family Leave	http://www.dol.gov/whd/forms/WH-384.pdf	WH-384
Fact Sheet #28: The Family and Medical Leave Act	http://www.dol.gov/whd/regs/compliance/whdfs28.pdf	FS 28
Fact Sheet #28A: Employee Protections under the Family and Medical Leave Act	http://www.dol.gov/whd/regs/compliance/whdfs28a.pdf	FS 28A
Fact Sheet #28M(a): Military Caregiver Leave for a Current Service Member under the Family and Medical Leave Act	http://www.dol.gov/whd/regs/compliance/whdfs28ma.pdf	FS 28M(a)
Fact Sheet #28M(b): Military Caregiver Leave for a Veteran under the Family and Medical Leave Act	http://www.dol.gov/whd/regs/compliance/whdfs28mb.htm	FS 28M(b)
Fact Sheet #28M(c): Qualifying Exigency Leave under the Family and Medical Leave Act	http://www.dol.gov/whd/regs/compliance/whdfs28mc.pdf	FS 28M(c)
Fact Sheet #28M: The Military Leave Provisions under the Family and Medical Leave Act	http://www.dol.gov/whd/regs/compliance/whdfs28m.pdf	FS 28M