



City of Bowling Green
Personnel Policy Letter No. 4

WAGE CONTINUATION (INJURY LEAVE) REQUIREMENTS

This Personnel Policy letter establishes the requirements for an employee's participation in wage continuation (Injury Leave).

POLICY

In accordance with City Ordinance Section 33.26 and language established in all five collective bargaining agreements, a City employee, who suffers a compensable occupational injury or illness will continue to receive regular City wages instead of receiving Workers' Compensation Total Temporary Disability Benefits during the period of leave, as long as the injury/illness has been approved by the Ohio Bureau of Workers' Compensation (BWC). The City has termed such periods of wage continuation as "Injury Leave." Payment for related medical benefits is the responsibility of the City's Managed Care Organization, which is currently CompManagement Health Systems. Employees must adhere to the qualifications listed below in order to receive wage continuation via "Injury Leave."

QUALIFICATIONS

1. The injury or illness must be determined to be compensable by the BWC. In no event will compensation commence before all initial paperwork is completed and filed with the BWC. If the BWC eventually denies the claim, then the wages charged to "Injury Leave"/wage continuation shall be charged to accrued but unused sick leave or any other form of accrued but unused leave that the employee has available or until such time as wage continuation payments are recouped by future leave accruals.
2. Competent medical proof of disability must be provided to the City via a BWC MEDCO-14 form, which is a "Physician's Report of Work Ability." The employee's attending physician must complete the form in its entirety and affix his/her original signature to the form. Photocopies of the completed forms are unacceptable.
3. The employee must complete a BWC First Report of Injury (FROI) application form, a BWC C-84 Form "Request for Temporary Total Compensation," a City accident report form, a wage reimbursement agreement, and a medical release.

4. The City reserves the right to have an employee examined by a physician of its choice at the City's expense in order to confirm the medical diagnosis and/or the period of disability. Failure to submit to an examination will result in the termination of wage continuation/Injury Leave benefits.
5. The employee must agree to reimburse to the City any payments made by the BWC for loss time wages that the BWC makes to the employee from State funds.
6. Wage continuation (Injury Leave) benefits will be paid by the City only for those periods of lost time that otherwise would qualify the employee for receipt of Workers' Compensation lost time benefits, subject to the limitations outlined below in the "Termination Conditions" listing.

TERMINATION CONDITIONS

Wage continuation payments (Injury Leave) will cease upon any of the following conditions:

1. Employee's treating physician releases employee to return to work, either to transitional/modified duty or regular duty.
2. Employee returns to work for another employer.
3. Employee fails or refuses to return to a transitional/modified work assignment consistent with his/her medical restrictions, as approved by the injured worker's treating physician.
4. Employee fails to appear for employer-sponsored medical examination.
5. Employee has reached maximum medical recovery and/or the condition has become permanent.
6. The claim is found to be fraudulent or the BWC has denied the claim after Injury Leave (wage continuation) has commenced.
7. The injured worker attempts to collect both wage continuation (Injury Leave) wages from the City and temporary total compensation from the BWC.

8. Employment terminates.
9. There is a violation of a City policy or guideline by the employee.
10. Regardless of the above conditions of termination, wage continuation benefits (Injury Leave) for non-bargaining personnel will terminate when the disability exceeds three (3) months or for bargaining personnel Injury Leave/wage continuation will terminate in accordance with the period of time that is established in the appropriate collective bargaining agreement.

This policy letter includes a "Notice to Injured Employees" and a "Wage Reimbursement Agreement." These forms are attached as exhibits "A" and "B". Upon notice of a work-related injury or illness the City will provide copies of these forms to the injured employee for his/her review and action.



Barbara A. Ford
Personnel Director



Date

NOTICE TO INJURED EMPLOYEES WAGE CONTINUATION/INJURY LEAVE

The City of Bowling Green provides wage continuation/Injury Leave to employees who are injured or who have contracted an occupational disease while in the course of employment. Historically, injured employees were partially reimbursed for lost wages by the Ohio Bureau of Workers' Compensation (BWC). When this is done injured employees are compensated for lost wages by the BWC at a percentage of the average weekly wage for all subsequent weeks of disability. In many cases, administrative delays have caused significant interruption in an employee's income flow from the last day worked to the eventual receipt of Workers' Compensation benefits.

Therefore, in order to prevent such delays, the City of Bowling Green will, in compensable claims, continue to pay wages at the same rate of pay the injured worker was making at the time of injury. This rate will be multiplied by the usual number of scheduled hours per week. This compensation will be paid for a period not to exceed three months for most employees. (Bargaining unit employees are advised to review their collective bargaining agreements for specific limitations regarding Injury Leave/wage continuation.) The payment by the City of Bowling Green will take the place of payment by the BWC for lost time wages.

Wage continuation will be paid only during the period of time that workers' compensation benefits would otherwise have been paid by the BWC. Wage continuation/Injury Leave wages will commence upon receipt of proof of disability from the employee's treating physician (a completed BWC MEDCO-14 form), and the following forms have been completed and submitted to the Personnel Department: a First Report of Injury (FROI), a City accident report, a medical release, a BWC C-84 Form, and a wage reimbursement agreement. If the BWC eventually denies the employee's workers' compensation claim as not being compensable as work-related, the employee's wages that were charged to Injury Leave shall instead be retroactively charged against the employee's accrued but unused sick leave or any other form of accrued but unused leave that the employee has available or until such time as wage continuation payments are recouped by future leave accruals.

Injury Leave wages paid by the City of Bowling Green are taxable income to the employee and subject to the same tax withholding and all other withholding requirements as the employee's regular wages. Workers' Compensation benefits payable by the State of Ohio are not taxable income to the employee; however, the City of Bowling Green's net payment will probably be equal to or greater than the payment which would be made by the Bureau. Furthermore, payment of wages by the City will reduce delays in receiving compensation plus all other City benefits will remain active for the employee as long as he/she is in a paid status.

Notice to Injured Employees
Wage Continuation
Page 2 of 2

Receipt of wage continuation/Injury Leave wages by an employee will be in place of Workers' Compensation Total Temporary Disability Benefits. The payment of medical benefits will continue to be handled by the City of Bowling Green's managed care organization CompManagement Health Systems.

If the period of disability exceeds three (3) months or any other specified period of time that is established in a collective bargaining agreement, the employee will be required to commence payment for lost time wages through the Ohio Bureau of Workers' Compensation.

The City's wage continuation/Injury Leave benefit should eliminate any financial hardship suffered by employees as a result of occupational illnesses or injuries. A copy of Personnel Policy Letter No. 4, which establishes the guidelines pertaining to an employee's qualifications for receipt of wage continuation/Injury Leave benefits is attached for your review.


Barbara A. Ford
Personnel Director

WAGE REIMBURSEMENT AGREEMENT

Employee: _____ Claim #: _____
Date: _____

Employer: City of Bowling Green

This Memorandum of Agreement between the above named Employer and name Employee WITNESSETH THAT:

Since the inception of the employee's disability resulting from an accident/illness allegedly suffered by the employee on _____, while in the course of his/her employment, the City has paid and is still paying the employee his/her regular salary in order to provide him/her with the necessities of life; in consideration of which the employee has agreed, so long as the employer shall continue to make such payments, to reimburse the employer for the amounts so paid and to be paid, out of the Workers' Compensation payment made to the employee from the State Insurance Fund.

This Agreement shall be the authority of the Ohio Bureau of Workers' Compensation to send all warrants for workers' compensation to the employee in care of said employer.

WITNESSES:

SIGNED:

Employer: City of Bowling Green

By: _____

Title: _____

Employee

(Print Name)

(The injured worker's signature should be secured on this form at the time wage continuation is begun after the injury. However, this form is NOT to be filed with the Bureau of Workers' Compensation until the claim has been discussed thoroughly with management. Retain the original of the form in the individual's claim folder, and consult with your CHS account manager before filing this form with the BWC.)