



Regional Transit Authority

## Medical Leave

(HC39)

### POLICY STATEMENT

New Orleans Regional Transit Authority (RTA) employees may be allowed medical leave up to a maximum of 12 weeks in a rolling 12-month period for recuperation from an illness or injury.

### PURPOSE

To provide employees with medical leave in order to facilitate their recovery and return to work.

### APPLICATION

This policy applies to all at-will RTA employees. If a conflict occurs between this policy and a collective bargaining agreement, the collective bargaining agreement will prevail.

APPROVED:

\_\_\_\_\_  
ADOPTED: Board Chair

\_\_\_\_\_  
Chief Executive Officer

Effective Date: \_\_\_\_\_

Date of Last Review: \_\_\_\_\_



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## **1.0 PROCEDURES**

A medical leave may be granted to non-represented employees for up to a maximum of 12 weeks within a rolling 12-month period. Medical leave may be granted to represented employees based upon their respective collective bargaining agreement. This leave includes up to 12 weeks of Family Medical Leave (FML) and/or Pregnancy Disability Leave (PDL) of up to 16 weeks, both of which will run concurrent with medical leave. Refer to the Family Medical Leave Act (HC26) and Pregnancy Disability Leave (HC12) policies for further information. Bonding Leave for fathers is 12 weeks.

### **1.1 Eligibility for Medical Leave**

Medical leave is a leave of absence due to an employee's own health/medical condition that is 30 calendar days or longer.

### **1.2 Initiating a Medical Leave**

The employee initiates a medical leave by notifying his/her supervisor, and providing medical documentation from a Health Care Provider (HCP) verifying the illness or injury.

The supervisor will make an initial determination as to whether the leave is for an occupational or non-occupational illness/injury, based upon the information provided by the employee and/or HCP.

The supervisor will prepare an Employee Action Form (EAF) placing the employee on medical leave if the supervisor anticipates the injury or illness will result in the employee being off work for 30 calendar days or longer. The supervisor will designate on the EAF the specific type of leave being taken, and forward it to the Leave of Absence Coordinator.

### **1.3 Employee's Responsibilities While on Medical leave**

Human Capital manages non-occupational illness or injury medical leaves. The employee's respective Department/Division, in conjunction with the Risk Management Department manages occupational medical leaves.

The employee may apply for FML, which will run concurrently with medical leave. RTA will designate the leave as FML for any qualifying event.

An employee on *non-occupational leave* must submit a Statement of Health Care Provider (Attachment 1) form (Statement) from his/her HCP every 30 calendar days, as directed by Human Capital. If the employee fails to submit the required Statement every 30 calendar days, Human Capital will send written notification of non-compliance to the employee and his/her supervisor. Failure to submit a Statement every 30 calendar days may result in disciplinary action, up to and including termination.



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An employee on occupational leave is responsible for submitting a work status report from his/her attending physician every 30 calendar days as directed.

#### **1.4 Restrictions While on Medical leave**

All RTA employees must be available to work their regular work schedules at all times. As such, employees may not participate in outside activities such as employment, school, volunteer work, etc., which may conflict with their medical recovery or restrictions, regardless of whether they are on active working status, or on inactive status and on medical leave. The employee must request an exemption and receive approval from the department managing their leave prior to his/her engagement in outside activities.

For non-occupational leave cases, a RTA-contracted physician will evaluate the employee's medical status to ensure the activities do not conflict with the employee's work restrictions. If an employee's request to continue his/her outside activities is denied, the employee must comply. Disciplinary action, up to and including termination, may be taken for non-compliance with RTA's denial; or for failure to request permission prior to engaging in outside activities.

#### **1.5 Returning from Leave**

##### **1.5.1 Release to Return to Work**

An employee returning to a safety-sensitive position from any type of injury/illness may be required to take a drug test which they must pass, prior to returning to work, per the Drug and Alcohol Free Work Environment (SAF1) policy.

##### Non-occupational injury/illness

Upon obtaining medical release(s) to return to work from his/her HCP(s) with or without restrictions, the employee must notify Human Capital of his/her intent to return to work, and submit Release to Return-to-Work (Attachment 2) and Medication Reporting (Attachment 3) forms if applicable, signed by his/her HCP(s). These notifications must be submitted at least four (4) working days prior to the employee's return-to-work date. Failure to present medical releases from all treating HCPs may prevent the employee from returning to work.

The employee must pass a medical examination by a RTA-contracted physician prior to returning to work.

If the employee is released to return to work with restrictions, Human Capital will engage in the interactive process with the employee per the Reasonable Accommodation (HC31) policy; and will determine, with the employee's department manager, if those restrictions can be accommodated.



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If the restrictions are temporary and the department can accommodate, the employee must pass a "return-to-work" medical examination by a RTA-contracted physician. Once the restrictions are lifted, the employee must go back for another return-to-work medical examination with RTA's physician for return to full duty clearance.

If the employee is placed on medical hold during the return-to-work medical examination, the employee needs to continue submitting a Statement every 30 calendar days until cleared by an RTA-contracted physician.

### Occupational injury/illness

Upon obtaining medical release(s) to return to work from his/her HCP(s), the employee must notify the Leave of Absence Coordinator.

If the employee is released to return to work with restrictions, the Leave of Absence Coordinator will determine, with the employee's division/department manager, if those restrictions can be accommodated. If the restrictions cannot be accommodated, the Leave of Absence Coordinator will refer the employee to Human Capital to initiate the interactive process in an attempt to find the employee a more accommodating RTA position.

#### 1.5.2 Expiration of Leave

At least 60 calendar days prior to the expiration of non-occupational leave, Human Capital will provide written notification to the employee of his/her leave expiration date.

If the employee is unable to return to his/her previous position, Human Capital will initiate the interactive process in an attempt to accommodate the employee's restrictions; or find him/her a more accommodating RTA position. (Refer to the Reasonable Accommodation (HC31) policy)

#### 1.5.3 Extension of Leave of Absence

Under very limited circumstances, an employee may be able to extend a leave of absence if his/her return is imminent. A request for an extension must be in writing and submitted to one of the following, as applicable:

- **Represented employees** – through their respective union representative to the Employee & Labor Relations Human Capital Department
- **Non-represented employees** – to the Chief Human Resources Officer, Human Capital.

Employees who have requested, and been granted an extension beyond their maximum leave period will remain on leave through the extension date. Leaves are extended without employee benefits. In certain circumstances, they may be able to purchase



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medical benefits through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

If the employee is not able to return to work, he/she may be subject to termination for expiration of leave. If the employee is eligible for retirement, he/she should contact the Pension & Benefits Coordinator in the Human Capital Department.

### **1.6 Pay and Benefits While on Medical Leave**

#### Pay

On the eighth day of injury/illness, the employee's sick hours, frozen sick hours, if applicable, and/or Paid Time Off (PTO) or frozen vacation, will automatically be integrated with his/her State Disability Insurance (SDI). See the PTO Sick Leave (HC20) policy for further information on the use of PTO while on medical leave. Once all PTO as well as any other leave has exhausted you will move into unpaid status and depending on your individual circumstances may be terminated for failure to return from leave.

#### Benefits

Medical, dental, vision, long term disability, RTA-paid life insurance and Accidental Death and Dismemberment (AD&D) benefits will continue for the duration of the approved leave, as long as the employee continues to submit valid medical verification of his/her illness or injury as provided for in this policy. Employees on unpaid leave will be billed for their authorized payroll deductions for these benefits.

#### Seniority

All employees will continue to accrue seniority during a medical leave. A period of unpaid medical leave for employees enrolled in the RTA Pension Plans will not be treated as, or counted toward a break in service for purposes of vesting or eligibility to participate in the pension program.

#### Separation

Employees separating from RTA at the expiration of their leave are offered an option to continue medical and dental coverage in the plans in which they are currently enrolled in accordance with COBRA provisions. The employee is responsible for paying for these benefits, plus a 2% administrative fee.

#### Worker's Compensation

In accordance with Workers' Compensation regulations, this policy does not affect the rights and obligations of employees who qualify for Workers' Compensation benefits.

## **2.0 DEFINITION OF TERMS**



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**Rolling 12-month Period** – The 12-month period directly preceding the employee's last day worked.

**Health Care Provider (HCP)** – A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; or podiatrists, dentists, clinical psychologists, optometrists, nurse practitioners, nurse-midwives, clinical social workers, and chiropractors.

**Non-Occupational Injury/Illness** - An injury or illness which is not work-related.

**Occupational Injury/Illness** - An injury or illness which is work-related.

### **3.0 RESPONSIBILITIES**

**The Employee & Labor Relations Department, Human Capital Department, and Employee's Manager together** are responsible for evaluating, and approving or denying requests from employees for extensions of medical leaves.

**Employees** are responsible for providing timely verification of medical leave requested and for complying with all aspects of this policy.

**Human Capital** is responsible for the overall administration of the non-occupational medical leave program.

**Managers/Supervisors** are responsible for obtaining the initial verification of injury or illness from the employee, and ensuring that the required documentation is provided. They are also responsible for preparing an Employee Action Form to place the employee on leave; and evaluating, and approving or denying requests from employees for extensions of medical leaves.

**Human Capital Coordinators** are responsible for managing program and coordinating the activities for employees on occupational leave.

### **4.0 FLOWCHART**

N/A

### **5.0 REFERENCES**

- PTO Sick Leave (HC20)
- Employment Status (HC34)
- Family and Medical Leave (HC26)
- Reasonable Accommodation (HC31)
- Pregnancy Disability Leave (HC12)
- Drug and Alcohol Free Workplace (SAF1)
- Louisiana Commission on Human Rights (LCHR)
- COBRA



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## **6.0 ATTACHMENTS**

1. Statement of Health Care Provider form
2. Release to Return-to-Work form
3. Medication Reporting form

## **7.0 PROCEDURE HISTORY**

N/A

## **8.0 SPONSOR DEPARTMENT**

Human Capital





# Statement Of Health Care Provider Work Status Report

To: RTA Human Capital  
504.XXX,XXXX  
From:  
Phone:

## Return to Work/Transitional Duty Program

CONFIDENTIAL – WORK STATUS FORM

### THIS SECTION TO BE COMPLETED BY EMPLOYEE:

Employee Name \_\_\_\_\_ Badge \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Job Title \_\_\_\_\_ Dept./Div. \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the undersigned health care provider to release any information acquired in the course of my examination or treatment to RTA and its designees.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY PATIENT'S HEALTH CARE PROVIDER:

1. Injured body parts: \_\_\_\_\_

2. Is condition due to injury or illness out of patient's employment?  No  Yes – if yes, date of injury \_\_\_\_\_

3. Date of first visit: \_\_\_\_\_ 4. Date of visit: \_\_\_\_\_ 5. Date of next office visit: \_\_\_\_\_

#### 6. Restrictions – the patient is able to:

Stand/Walk  No Restrictions; or can stand/walk: \_\_\_\_\_ Hr(s) at one time \_\_\_\_\_ Hr(s) per day

Sit  No Restrictions; or can sit: \_\_\_\_\_ Hr(s) at one time \_\_\_\_\_ Hr(s) per day

Drive a:  Train  Bus  Car  Shuttle Van \_\_\_\_\_ Hr(s) at one time \_\_\_\_\_ Hr(s) per day

Lift/Carry  No Restrictions; or can lift/carry: \_\_\_\_\_ Number of pound(s) at one time \_\_\_\_\_ times per day

Push/Pull  No Restrictions; or can push/pull: \_\_\_\_\_ Number of pound(s) at one time \_\_\_\_\_ times per day

Other restrictions/clarification (if not defined above): \_\_\_\_\_

**New Orleans Regional Transit Authority (RTA) provides modified work assignments for employees with work-related disabilities. These employees are assigned tasks within their physical capabilities and restrictions provided on this form. Due to the varied work activities of the Authority, there is likely some type of employment available to meet an injured employee's medical limitations. Your assistance in this effort can greatly facilitate recovery and allow them to receive their regular pay and union benefits in accordance with their union contract.**

#### Please select one:

Patient is able to return to regular work on: \_\_\_\_\_

Patient is able to return to regular work with the above noted restrictions on: \_\_\_\_\_

Patient is able to perform light duty with the above noted restrictions on: \_\_\_\_\_ through: \_\_\_\_\_

Patient is still disabled. Approximate date patient should be able to return to work: \_\_\_\_\_

Telephone \_\_\_\_\_ Health Care Provider's Name (Print) \_\_\_\_\_ Signature/Decree \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



Regional Transit Authority

New Orleans Regional Transit Authority  
2817 Canal St  
New Orleans, LA 70119  
Tel: 504.XXX.XXXX





Regional Transit Authority

CONFIDENTIAL

RELEASE TO RETURN-TO-WORK

NON-OCCUPATIONAL USE ONLY

Workforce Well-Being Services
2817 Canal St New Orleans, LA 70119
TEL: (504) xxx-xxxx

This section to be completed by the Patient

Employee Name, Job Title, Badge, Dept./Div., Home Address, City, State, Zip, Home/Cell Phone Number, AUTHORIZATION TO RELEASE INFORMATION, Patient's Signature, Date

This section to be completed by each treating Physician: Do not use this form for monthly updates. (The information provided will enable the RTA examining physician to thoroughly evaluate the patient's ability to perform their job. Be as complete as medically indicated to expedite this medical clearance. Please use additional paper if needed and provide copies of all recent/final reports of treatments, surgeries and tests performed.)

RETURN-TO-WORK DATE, DATE FIRST EXAMINED, MEDICAL FACTS, RESTRICTIONS, WHAT WERE PATIENT'S SUBJECTIVE COMPLAINTS DURING DISABILITY, WHAT WERE (ARE) THE OBJECTIVE FACTORS FOR THE DISABILITY, TREATMENT(S) PROVIDED, WHAT HAS BEEN THE CHANGE IN HEALTH STATUS THAT QUALIFIES THE PATIENT TO RETURN TO WORK?, I HAVE REVIEWED THE JOB FUNCTION ANALYSIS FOR THIS POSITION, Date, Health Care Provider's Name, Signature, Telephone Number, Fax Number



**WELL-BEING SERVICES**

2817 Canal St, New Orleans, LA 70119

Medical Services Coordination Phone: (504) XXX-XXXX

**MEDICATION REPORTING FORM**

- Please note that the following medications DO NOT need to be reported: aspirin, acetaminophen, antibiotics and antimicrobials, birth control pills, hormones, immunizations, vitamins, creams, lotions, ointments, eye drops, inhalers for asthma, loratadine, pseudoephedrine, medications for acid reflux, corticosteroids, diuretics, Viagra, Cialis, and Levitra.
- RTA PROHIBITS safety-sensitive employees from taking over-the-counter medications that carry a warning label against operating machinery or equipment while working and for 8 hours prior to duty.

**TO BE COMPLETED BY EMPLOYEE**

Employee Name		Badge #
Telephone Number	Job Title	Department or Division

As defined by the FTA, safety-sensitive employees include those who perform, or may be called upon to perform, the following safety-sensitive functions (please check all that apply as it relates to your job classification):

- Operating a revenue service vehicle, even when it is not in revenue service (e.g. bus, train);
- Operating a non-revenue service vehicle when required to be operated by a Commercial Driver's License (CDL) holder;
- Controlling dispatch or movement of a revenue service vehicle; or
- Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service;
- Carrying a firearm for security purposes.

I hereby give permission for my health care provider to discuss the determinations below with RTA's contracted Medical Examiner if there are concerns regarding safety. I also hereby agree to comply with the prescribed use of these medications and with the recommendations and restrictions made by my health care provider and/or RTA's contracted Medical Examiner.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

- Safety of the public and employees is RTA's greatest priority. As such, we are requesting your assistance in determining if it is safe for your patient to perform safety-sensitive functions while taking medications that you prescribe. Please discuss with your patient their daily job responsibilities and reactions to any medications you prescribe.
- A potential safety risk occurs with any medication that carries a warning against operating machinery or has side effects of drowsiness, dizziness or agitation. In these cases, please consider an alternative medication if one is available or prescribe an appropriate time restriction.
- **Based on your best medical opinion and after reviewing your patient's current medications, please complete the section below regarding medications and check the applicable boxes. Please contact RTA's Medical Services Coordination at (504) XXX-XXXX if you have questions.**
- **DEFINITIONS:**
  - **Safe:** Your patient's medication will not interfere with their ability to perform job duties safely.
  - **Potential Impairment:** Your patient's medication may impair functioning; patient should not take while performing job duties or for a period of time prior to duties. Please specify number of hours that should elapse between last dose and beginning duties.

NAME OF MEDICATION	DOSAGE	DATE TO BEGIN	RECOMMENDATION
			<input type="checkbox"/> Safe <input type="checkbox"/> Potential Impairment: Employee should not take for _____ hours prior to duties
			<input type="checkbox"/> Safe <input type="checkbox"/> Potential Impairment: Employee should not take for _____ hours prior to duties
			<input type="checkbox"/> Safe <input type="checkbox"/> Potential Impairment: Employee should not take for _____ hours prior to duties

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

**Employee must submit completed form to RTA's contracted Clinic Examiner at the time of physical exam or to RTA's Medical Services Coordination at (504) XXX-XXXX. DO NOT submit this form to your manager/supervisor.**

