Resolution 2023-175

A Resolution Approving 80 Hours of Injury Leave for David Ratliff

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person in a Regular Meeting at 12:00 p.m. on Thursday, August 24, 2023.

The trustee marked below made a motion for the adoption of the following Resolution:

☒ ***Fleshman*** ☐ ***Leezer*** ☐ ***Horn***

BE IT RESOLVED by the Board of Trustees of Franklin Township, Franklin County, Ohio, that the Board approves 80 hours of Injury Leave, beginning August 16, 2023, through August 29, 2023, for David Ratliff, per the employee's MOU.

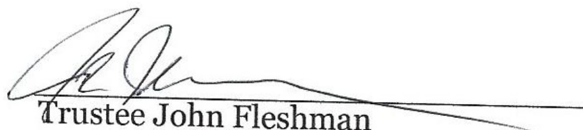
BE IT FURTHER RESOLVED that this Resolution shall be in full force and effect immediately upon its adoption.

The following trustee marked below seconded the motion:

☐ ***Fleshman*** ☐ ***Leezer*** ☒ ***Horn***

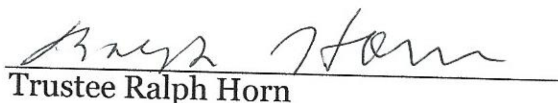
Roll was called for the adoption of the Resolution, and the vote was as follows:

Fleshman: ☒ YES/ ☐ NO **Leezer:** ☐ YES/ ☐ NO **Horn:** ☒ YES/ ☐ NO



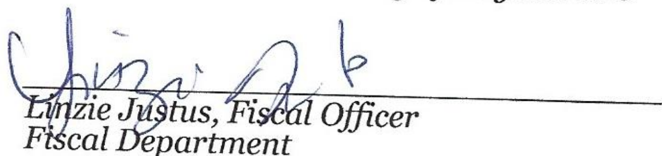
Trustee John Fleshman

Trustee James Leezer



Trustee Ralph Horn

Attested to on this 24th day of August 2023



Linzie Justus, Fiscal Officer
Fiscal Department

Adopted: August 24th , 2023

Sedgwick MCO 10399 / Bureau of Workers' Compensation

Physician's Report of Work Ability (MEDCO-14)

Instructions:

- Use this form to provide detailed information about the injured worker's ability to work. Add comments to Section 4 or attach additional information as necessary. BWC uses the information to support a request for temporary total compensation.
- The treating physician must submit this form each time they see the injured worker unless they:
  - Have been awarded permanent and total disability.
  - Have returned to work without restrictions within seven days of the injury.
  - Are being treated after the treating physician has released them to their former position of employment (i.e., full duty job) held on the date of injury without restrictions.
- While you may use an equivalent physician-generated document (e.g., office notes, treatment plan) to the MEDCO-14, it must contain, at a minimum, the required data elements. If you've previously submitted equivalent data, indicate the date of the report on the form (e.g., 5/15/2021, office note).

Note: Physician assistants and nurse practitioners may complete this form; however, they may only certify temporary disability for the first six weeks after the date of injury. Subsequent periods of temporary disability require a co-signature by the treating physician.

- Fax form to the managed care organization if the employer is state-fund or to the employer if self-insured.
- Important: Failure to provide complete information may delay compensation payments to the injured worker.

Injured worker name	Claim number	Date of injury
RATLIFF,DAVID,A	23-[redacted]	05/15/2023

Date of *last* appointment/examination	Date of *this* appointment/examination	Date of *next* appointment/examination
06/28/2023		07/20/2023

1 — Submission type (Select one of the options below.)

☐ Initial MEDCO-14. ***Proceed to Section 2.***
☐ Subsequent MEDCO-14, no changes ***Proceed to Section 6.***
☒ Subsequent MEDCO-14, **with changes:** Check the appropriate box "Reporting changes from the last evaluation" or "No changes" in each section.

2 — Job description and work status ☒ Reporting changes from last evaluation ☐ No changes

- Have you reviewed the injured worker's job description? ☒ Yes ☐ No
  - If yes, who provided the job description ☒ Injured worker ☐ Employer ☐ MCO/BWC
- Does the injured worker have any physical or health restrictions related to the allowed conditions in the claim on the date of this exam? ☒ Yes ☐ No
  - If yes, are the restrictions: ☐ Permanent? ☒ Temporary?
  - If no, check the box to indicate the injured worker is released to return to full duty as of the date of this exam. ☐ ***Proceed to Section 6.***
- If there are restrictions, can the injured worker return to their full duty job held on the date of injury as of the date of this exam? ☐ Yes ☒ No
  - If yes, ***Proceed to Section 6.***
  - If no, provide date restrictions began 6 / 28 / 23 and estimated full duty return-to-work date 10 / 21 / 23. ***Proceed to Section 3.***

3 — Disability information ☒ Reporting changes from last evaluation ☐ No changes

Complete the chart below for all work-related allowed conditions being treated.

Narrative description of the work-related allowed condition	Site/Location if applicable	ICD code	Is the condition preventing full duty release to the job injured worker held on the date of injury?
[redacted]	LEFT	S46.012A	☒ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

List all other conditions that impact treatment of the conditions listed above (e.g., co-morbidities or not yet allowed conditions).