

Resolution 2023-176

A Resolution Approving 64 Hours of Injury Leave for Byron Smith

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 64 hours of Injury Leave, beginning August 16, 2023, through August 29, 2023, for Byron Smith, 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:

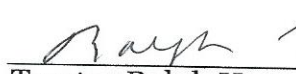
Fleshman: YES/ NO

Leezer: YES/ NO

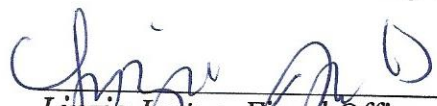
Horn: YES/ NO


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

U/MO Bureau of Workers' Compensation

Physician's Report of Work Ability

Injured worker name: Byron Smith

Date of Injury: 5/3/23 Date of last appointment/examination: 7/24/23 Date of this appointment/examination: 7/27/23 Claim number: B3 [redacted] Date of next appointment/examination: 7/31/23

MEDCO-14 submission (Select one of the options below)

1 I have never completed a MEDCO-14. Proceed to section 2.
 I have previously completed a MEDCO-14, and all of the information remains the same. Proceed to and complete section 8.
 I have previously completed a MEDCO-14, and I am providing updates appropriately checking Yes or No on each section.

Employment/Occupation (Complete this section and proceed to section 3.)

2 Have you reviewed the description of the injured worker's job held on the date of injury (former position of employment)? Yes No
 If yes - please indicate who (select all sources) provided the job description: Injured worker Employer MCO BWC (Updates Yes No)

Work status/Injured worker's capabilities

3A Does the injured worker have any physical or health restrictions related to allowed conditions in the claim? Yes No
 If yes, are the restrictions: Permanent Temporary Proceed to section 3B. (Updates Yes No)
 If no, please check the box to indicate the injured worker is released to work as of the date of this exam. Yes No

If there are restrictions, can the injured worker return to the full duties of his/her job held on the date of injury (former position of employment)? Yes No

3B If yes, please check the box to indicate that the injured worker is released to work as of the date of this exam. Proceed to section 8.
 If no, please indicate when the injured worker could not do the job held on the date of injury for this period of restricted duty.
 Date: 7/27/23

Please estimate when the injured worker should be able to return to the job held on the date of injury for this period of restricted duty.
 Date: 9/3/23. Proceed to section 3C.

Please indicate which of the activities listed below the injured worker can perform (even if the response to 3B is No.)
 If the injured worker is not released to the former position of employment but may return to available and appropriate work with restrictions, please indicate the possible return to work date: 7/27/23

The injured worker can perform simple grasping with: Left hand Right hand Both
 The injured worker can perform repetitive wrist motion with: Left hand Right hand Both
 The injured worker's dominant hand is: Left Right

The injured worker can perform repetitive actions to operate foot controls or motor vehicles with: Left foot Right foot Both
 If the injured worker is taking prescribed medications for the allowed conditions in this claim, can the injured worker safely:
 *Operate heavy machinery: Yes No *Drive: Yes No *Perform other critical job tasks as defined by any source listed above in section 2: Yes No

Activity	N O F C				Activity	Lifting/carrying				Pushing/pulling	N O F C				
	N	O	F	C		N	O	F	C		N	O	F	C	
Bend	/				Reach above shoulder				/	0 - 10 lbs.	/				
Squat/kneel	/				Type/keyboard				/	11 - 20 lbs.	/				
Twist/turn	/				Work with cold substances				/	21 - 40 lbs.	/				
Climb	/				Work with hot substances				/	41 - 60 lbs.	/				
									/	61 - 100 lbs.	/				
									/	100 + lbs.	/				

3C How many total hours can the injured worker work: 9-11 per week _____ per day?

In an eight-hour workday, how many total hours can the injured worker: Sit: 8 hours Continuously With break
 Walk: 1 hours Continuously With break
 Stand: 1 hours Continuously With break

Does the injured worker have any functional restrictions based only on allowed psychological conditions? Yes No If Yes, please describe in space provided below. Note: If Yes is indicated please reference the MEDCO-16 as needed.

Additionally, in this space, please provide any additional information addressing the injured worker's capabilities and/or job accommodations which may not be addressed above.
~~_____~~
~~_____~~
~~_____~~
~~_____~~