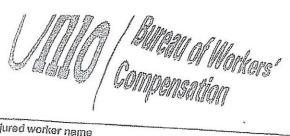
## Resolution 2023-177

## A Resolution Approving 32 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.

regular meeting at 12.00 p.m.	on mursuay, August 24, 20	723.
The trustee marked below made	le a motion for the adoption	n of the following Resolution:
<b> ⊠</b> Fleshman	$\Box$ Leezer	$\square$ Horn
BE IT RESOLVED by the Bo Ohio, that the Board approves 2023, through August 01, 2023	to back date 32 hours of In	jury Leave, beginning July 27,
BE IT FURTHER RESOLV immediately upon its adoption.	<b>ED</b> that this Resolution sh	nall be in full force and effect
The following trustee marke	d below seconded the mo	tion:
□ Fleshman	$\Box$ Leezer	⊠ Horn
Roll was called for the adopt	tion of the Resolution, and	d the vote was as follows:
Fleshman: ☐ YES/☐ NO	<b>Leezer:</b> □ YES/ □ NO	Horn: ☐ YES/ ☐ NO
	Trust	ee John Fleshman
	THON	ce domi i lesiman
	Truste	ee James Leezer
	Truste	Ree Ralph Horn
Attested to on this 24th day of A  Linzie Justus, Fiscal Officer Fiscal Department		ac Kaipii Horii

Adopted: August 24th , 2023



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		if no nieses al-	ifriction	ns:   Permanent	A Temporary	rictions rel	ated to allowed c	Ondilions to	AG -	(Updates	Yes L	] No	□)
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	10	alo. Gin		o numeu worker sh	nuld he able to						u uu	ıy.	
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	18	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 duly.  Date: 113/23. Proceed to section ac.  Please indicate which of the activities listed below the injured worker worker.											
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	111	The injured worker can perform simple grasping with:   Left hand  Right hand											
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow		The injured worker can perform repetitive wrist motion with: \[ \] Left hand \[ \] Right hand \[ \] Hoth  The injured worker's dominant hand is: \[ \] Left motion with: \[ \] Left hand \[ \] Right hand \[ \] Hoth  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 \[ \] Perform other castles in this claim, can the injured worker seems.											
	°Or	Perale heavy meri	s lakir	form repetitive action and prescribed medical	us w operate fo	ool control	or motor vehicle	o mint.					1
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