2026-136
A Resolution Authorizing Retro-Active Work-Related Injury Leave for Employee Norman Baldwin

The Board of Trustee of Franklin Township, Franklin County, Ohio, met in person in a Regular Meeting at 12:00 p.m. on Thursday, August 6th, 2026, at 2193 Frank Road, Columbus, Ohio. The Trustee marked below made a motion for the adoption of the following resolution:

☐ **Trustee Fleshman** ☒ **Trustee Blevins** ☐ **Trustee Fuller**

WHEREAS Article 24.1 of the Collective Bargaining Agreement between Franklin Township, Franklin County, Ohio and Lodge #9 provides for work-related injury leave for eligible employees; and

WHEREAS employee Norman Baldwin sustained a work-related injury and is eligible for work-related injury leave in accordance with the provisions of Article 24.1 of the Collective Bargaining Agreement; and (exhibit)

WHEREAS the Board of Township Trustees finds it necessary and appropriate to authorize such leave.

NOW, THEREFORE, BE IT RESOLVED by the Board of Township Trustees of Franklin Township, Franklin County, Ohio, that:

Section 1. The Board hereby authorizes work-related injury leave for employee Norman Baldwin for the following dates and hours: (exhibit)

June 28, 2026 – 1.25 hours
June 29, 2026 – 8.00 hours
June 30, 2026 – 8.00 hours
July 21, 2026 through July 25, 2026 – 40.00 hours

for a total of 57.25 hours of sick to be converted in UAN to work-related injury leave.

Section 2. The authorized leave shall be administered in accordance with Article 24.1 of the Collective Bargaining Agreement between Franklin Township and Lodge #9 and all applicable Township policies.

BE IT FURTHER RESOLVED that all formal actions of this Board concerning and relating to this Resolution were passed in an open meeting of the Board, and that all deliberations of the Board and any of its committees that resulted in such formal action were in a meeting open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code

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

The following trustee marked below seconded the motion:

☒ **Trustee Fleshman** ☐ **Trustee Blevins** ☐ **Trustee Fuller**

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

Fleshman: ☒ YES/ ☐ NO **Blevins:** ☒ YES/ ☐ NO **Fuller:** ☒ YES/ ☐ NO

Mike Blevins, Trustee

John Fleshman, Trustee

Brenda Fuller, Trustee

Adopted on August 6, *2026*

3 Pages split from original

Bureau of Workers' Compensation [redacted]

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

PRR. 627.0074

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 Norman Baldwin	Claim number [redacted]	Date of injury 5/27/26
Date of *last* appointment/examination 5y 7/24/26	Date of *this* appointment/examination	Date of *next* appointment/examination 7/30/26

Submission type (Select one of the options below.)

1
- ☒ 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.

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

2
- 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 7 24 26 and estimated full duty return-to-work date 10/26/26 est. ***Proceed to Section 3.***

Disability information ☐ Reporting changes from last evaluation ☐ No changes

3 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]			☒ 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).

"duty day" on which such member has worked special duty shall not be paid for such absence.

K. If a member exhausts their accrued sick leave, other members may donate sick leave in one-hour increments. Donation of sick leave time shall not be unreasonably denied by the Chief.

23.3 Certification of Sick Leave. If a member uses three or more consecutive days of sick leave, the Chief may require evidence as to the adequacy of the reason for any member's absence during the time for which sick leave is requested, including a certificate from a licensed practitioner verifying proper use of sick leave pursuant to the provisions hereof. In addition or in alternative, members may be required to furnish a written, signed statement to justify the use of three or more consecutive days of sick leave. Furthermore, the Chief or designee may, at any time, call upon a member at such member's home or other place of confinement or convalescence while the member is absent from work based upon a claim of sick leave use.

23.4 Conversion of and Payment for Unused Sick Leave. Each calendar year, each member who has accrued at least 320 hours of sick leave exclusively through working at Franklin Township shall be permitted to convert forty (40) hours of unused accrued sick leave to vacation leave, by providing written notice to the Chief of Police no later than the end of the first full pay period of January. Such conversion shall be effective no later than the first full pay period of February of that calendar year. Except as otherwise specifically provided herein, upon a separation of service, other than retirement, a member shall not be entitled to receive any payment for any unused sick leave. Upon retirement from active service with the Township or upon death occurring in the line of duty, a member (or, if applicable, the surviving spouse or, secondarily, the estate) shall be paid for one-half (1/2) the value of the member's accrued but unused sick leave, provided that the maximum amount paid shall not exceed the value of~~)~~ seven hundred fifty (750) hours of such leave, which payment shall be based upon the member's regular hourly rate of pay at the date of retirement. Upon death of a member occurring in the line of duty, the member's surviving spouse, or secondarily his or her estate, shall be paid the full value of the member's accrued but unused sick leave, which payment shall be based upon the member's regular hourly rate of pay at the date of death. The amount so paid shall constitute payment in full for all accrued and unused sick leave credited to the member.

23.5 Wellness Payment. Each Member shall be entitled to an additional twenty four (24) hours pay or twenty four (24) hours of compensatory time (at the option of the member) for each quarter the member has had no absences, other than pre-arranged leave, and no tardiness. Such payment will be included in the member's pay the first payday following the close of the quarter; i.e., April, July, October and January.

ARTICLE 24

INJURY LEAVE

24.1 Injury Leave With Pay.

A. All members may be granted injury leave with pay not to exceed six (6) calendar months (1040) for each service connected injury, provided such injury is reported to the member's immediate supervisor not more than three (3) days from the date such injury is known to the member.

B. Service-connected injuries are defined as injuries received while acting within the scope of and arising out of a member's employment as a full-time constable with the Township. Injury leave may be granted for all service-connected injuries. Injuries occurring other than in the scheduled and paid working hours shall be presumed to be nonservice connected unless the member can demonstrate that the member was engaged in the actual performance of the duties of the member's position on behalf of the Township.

C. If injury leave is approved, time off for the purpose of medical examinations, including examinations by the Bureau of Workers' Compensation, and/or treatments resulting from an on duty injury shall be charged to injury leave.

D. If there is a recurrence of a previous service connected injury, the member may be granted injury leave with pay not to exceed the balance of three (3) calendar months, (520 work hours) provided that the recurrence is reported to the member's immediate supervisor not more than three (3) days from the date such recurrence occurs.

E. As a condition of receipt of injury leave benefits, the a member must apply for worker's compensation benefits under the Ohio workers' compensation program as soon as practicable. This condition shall be imposed for all alleged service connected injuries and all alleged recurrences of the same. Copies of all Workers' Compensation applications shall be submitted to the Township fiscal officer. The member shall endorse over to the Township any and all wage and salary benefits awarded to the member by the Ohio Workers' Compensation system which extend over the same time period for which the member is granted injury leave. In compliance with the Rules and Regulations of the Ohio Bureau of Workers' Compensation, a member may be required to execute a written agreement reflecting the provisions of this paragraph prior to an award of injury leave.

F. A member is prohibited from working special duty while on injury leave. In addition, a member on injury leave is prohibited from performing any other work for compensation unless such other work is otherwise permitted to be performed by employees receiving temporary total disability compensation under the laws, rules and/or regulations of the Ohio Bureau of Workers' Compensation.

24.2 Injury Leave Administration and Reporting.

A. Upon a member's timely report of a service-connected injury, a report of the cause of the injury, signed by the immediate supervisor shall be submitted to the Chief as soon as practicable.

B. No member shall be granted injury leave with pay unless authorized by the Board of Trustees. The Board of Trustees may periodically require the member to be examined by a physician appointed and paid for by the Township. In addition or in the alternative, a

member may, from time to time, also be required to obtain and present a medical report from the member's personal physician which clearly sets forth that the member is unable to perform the member's regular (and/or restricted) duties as the direct result of a service connected injury. No member on injury leave shall return to work without the written approval of an attending physician and, at the Board's option, the written approval of a physician appointed and paid for by the Township. If, in the reasonable judgment of the Board of Trustees, the injury is such that the member is capable of performing the member's regular duties or restricted duties during the period of convalescence, the Board of Trustees shall so notify the member in writing and deny and/or cancel injury leave with pay.

C. While a member's request for injury leave is pending, the member may use and/or be placed on accrued but unused sick leave, vacation leave, or compensatory time, which time usage shall be recredited to the member's appropriate leave balance(s) upon certification by the Board of Trustees that injury leave has been approved. If injury leave is not approved by the Board of Trustees, the member will be charged the designated leave initially used.

D. If injury leave is approved by the Board of Trustees and the Bureau of Worker's Compensation disapproves wage and/or salary benefits in connection with the claimed service connected injury, then the injury leave initially granted shall be charged to the member's accrued but unused sick leave, vacation leave and/or compensatory time balances.

ARTICLE 25

SPECIAL LEAVES

25.1 Special Leave. In addition to other leaves authorized herein, the Board of Trustees, upon recommendation of the Chief, may authorize special leaves of absence, with or without pay, which exercise of discretion on the part of the Trustees is not grievable.

25.2 Jury Duty Leave. A member, while serving upon a jury in any court of record in Franklin, Delaware, Licking, Fairfield, Pickaway, Madison or Union Counties, will be paid such member's regular wages for each workday during the period of time so served. Upon receipt of payment for jury service, the member shall submit jury duty fees to the Chief who will then deposit such funds with the Township Clerk. Time so served shall be deemed active and continuous service for all purposes.

25.3 Bereavement Leave. In the event of death in the immediate family, each member shall be entitled to bereavement leave of three (3) workdays (if the death occurs in the State of Ohio) and five (5) workdays (if death occurs outside of the State of Ohio). The immediate family shall include: spouse, son, daughter, brother, sister, parent, grandparent, grandchild, stepfather, stepmother, stepbrother, stepsister, stepson, stepdaughter, niece/nephew, aunt/uncle, mother-in-law, father-in-law, grandparent-in-law, half brother, half sister, any person residing with the member at the time of that person's death and a person who is/was in loco parentis to the member when the member was a child.

25.4 Court Leave. Time off with pay shall be allowed members who are required to attend any court of record as a witness for the Township in civil or criminal matters. Upon receipt of payment

No. _____ Period 5/17 - 5/30/26 B

Name JACKSON

Regular Hours _____ Rate _____ Amount _____

Overtime Hours _____ Rate _____ Amount _____

PYRAMID

Deductions _____

Actual Pay _____

Pay Date _____

DATE	IN	OUT	IN	OUT	IN	OUT	TOTAL
16							
17	9:56A			5:57P	8 REG		
18	10:00A			6:00P	8 REG		
19	3:45P			10:45P	7 REG	1 OT	
20	8 comp						
21	6:49A			3:00P	8 REG		
22	OO						
23	OO						
24	9:57A			6:00P	8 REG		
25	8:59A			6:00P	9 REG	1 OT	
26	2:33P			10:30P	8 REG		
27	9:57A			6:00P	8 REG		
28	6:57A			3:00P	8 REG		
29	OO						
30	OO						
31							

Signature _____

Approval _____

No. _____ Period 5/17 - 5/30/26 B

Name N. BALDWIN

Regular Hours _____ Rate _____ Amount _____

Overtime Hours _____ Rate _____ Amount _____

PYRAMID

Deductions _____

Actual Pay _____

Pay Date _____

DATE	IN	OUT	IN	OUT	IN	OUT	
16							
17	OO						
18	OO						
19	6:55A	3:20P	8 REG		1.25 OT		
20	6:52A	3:07P	8 REG				
21	6:52A	3:12P	8 REG				
22	6:43A	4:00P	8 REG		1 OT		
23	8 PTO						
24	OO						
25	OO						
26	6:54A	3:14P	8 REG				
27	7:03A	3:08P	8 REG				
28	6:52A	1:46P	6.75 REG		0.25		
29	8 INJURY						
30	8 INJURY	SICK					
31							

Signature _____

Approval _____

No. _____ Period 1/12 - 1/25/26 A

Name BROWN

Regular Hours _____ Rate _____ Amount _____

Overtime Hours _____ Rate _____ Amount _____

PYRAMID

Deductions _____

Actual Pay _____

Pay Date _____

DATE	IN	OUT	IN	OUT	IN	OUT	TOTAL
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12	D	O					
13	D	O					
14	8	VAC ✓					
15	8	VAC					

Signature _____

Approval _____

No. _____ Period 7/12 - 7/25/26 B

Name BROWN

Regular Hours _____ Rate _____ Amount _____

Overtime Hours _____ Rate _____ Amount _____

PYRAMID

Deductions _____

Actual Pay _____

Pay Date _____

DATE	IN	OUT	IN	OUT	IN	OUT	TOTAL
16	8	VAC ✓					
17	8	VAC ✓					
18	8	VAC ✓					
19	D	O					
20	D	O					
21	8	HF					
22	8	HF					
23	8	HF					
24	8	HF					
25	8	HF					
26							
27							
28							
29							
30							
31							

SICK

Signature _____

Approval _____

Robyn Watkins

From: Byron Smith
Sent: Tuesday, June 2, 2026 10:11 AM
To: Robyn Watkins; Dave Ratliff
Cc: Norman Baldwin
Subject: RE: Baldwin Payroll

Robyn

Injury leave doesn't kick in until the injured worker is off 7 days, Norm as far as I know returned to work today with the dr note. Injury leave will not yet apply but dave can fix the ot sheets.

Byron

From: Robyn Watkins <rwatkins@franklin-township.com>
Sent: Tuesday, June 2, 2026 10:01 AM
To: Byron Smith <bsmith@franklin-township.com>; Dave Ratliff <DRatliff@franklin-township.com>
Cc: Norman Baldwin <nbaldwin@franklin-township.com>
Subject: Baldwin Payroll

Byron and Dave,
The overtime authorization form submitted for Baldwin for: (see attached)

05/19/26 = 0.25 hours
05/22/26 – 1.00 hours

The form asked for *detailed explanation* and there is no explanation at all for the overtime hours. Can you please provide an explanation for the overtime hours submitted above?

Also, a reminder that per Article 24.2 of the collective bargaining agreement - No member shall be granted injury leave with pay unless authorized by the board of trustees. I would recommend the chief ask for a resolution to be prepared for the June 11, 2026, meeting. Until the board authorizes the 17.25 injury leave hours, I will be taking the hours from Officer Baldwin's sick leave. Once the board authorizes the injury leave via resolution, any sick leave hours used (17.25) will then be transferred into the approved injury leave.

Thank you,

Robyn L. Watkins
Payroll Specialist
Employee & Vendor Relations
Franklin Township
Franklin County, Ohio
(O): 614-279-9411 x2303
(C): 614-266-9844
(F): 614-279-6097