2026-137
A Resolution Authorizing 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 pay period dates and hours based on the medical and BWC documentation:
07/26/26-08/08/26 = 80 hours
08/09/26-08/22/26 = 80 hours
08/23/26-09/05/26 = 80 hours
09/06/26-09/19/26 = 80 hours
09/20/26-10/03/26 = 80 hours
10/04/26-10/17/26 = 80 hours
10/18/26-10/25/26 = 40 hours
for a total of 520.00 hours of work-related injury leave reported in UAN.

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*

Bureau of Workers' Compensation

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	Claim number	Date of injury
Norman Baldwin	[redacted]	5/27/26

Date of *last* appointment/examination	Date of *this* appointment/examination	Date of *next* appointment/examination
5y 7/24/26		7/30/26

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 7/24/26 and estimated full duty return-to-work date 10/26/26 est. ***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]			☒ 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).