

FINANCE & ADMINISTRATION

SUBJECT MEDICAL REMOVAL POLICY		No. FA-603.00
		Effective Date APRIL 7, 1997
Issue Date: 04-07-97	Revision Date: 04-07-97	Revision No:

1. PURPOSE

1.1 To ensure that the Finance & Administration Department (F&A) is in compliance with the City of Houston Code of Ordinance 14-185 on "Removal Because of Medical Impairment" and to ensure uniformity in practice and procedure.

2. SCOPE

2.1 This policy applies to all F&A employees and supersedes all former F&A policies, procedures and directives related to removal because of medical disability.

2.2 This policy is meant to comply with the Americans with Disabilities Act of 1990 and as defined by regulations issued under it by the United States Equal Employment Opportunity Commission.

3. POLICY

3.1 Medical removal will be pursued by the City when any employee is not able to work due to illness or injury and has exhausted all benefits including sick leave, vacation leave, salary continuation, family/medical leave and or transitional duty.

3.2 Disability may be caused by illness or injury, occurring on or off the job, and not as a result of any wrong doing on the employee's part.

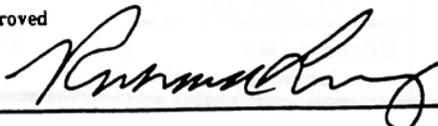
3.3 Medical removal is neither permanent, punitive nor disciplinary.

3.4 Prior to requesting medical removal, the department must exhaust all available options.

3.5 Medical removal shall not prejudice the employee's ability to seek re-employment should there be a change in the employee's medical condition.

4. PROCEDURE

4.1 When an employee has a known disability, the employee shall submit a report from the employee's Primary Care Provider establishing the ability of the employee to perform the essential job functions. (Attachment A)

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- 4.2 If it is determined the employee is unable to perform the essential job functions, the department shall take the following steps:
- 4.2.1 Restructure the job duties and responsibilities as a reasonable accommodation.
 - 4.2.2 Transfer to another vacant position in the department that the employee can perform. The transfer may include a demotion with a decrease in pay.
 - 4.2.3 Refer to the Director of Human Resources who shall institute a city-wide search utilizing the Employee's Disabilities Placement Program (EDPP) for any available positions within the City. (Attachment B is a sample letter.)
- 4.3 If a position cannot be located, a Loudermill Hearing shall be scheduled with the Department Director giving the employee an opportunity to state his/her circumstances relating to the disability. (Attachment C is a sample letter.)
- 4.4 The Director may request the Civil Service Commission through the Director of Human Resources to medically remove the employee from active employment with the City of Houston. (Attachment D is a sample letter.)
- 4.5 The Commission may take either of the following actions:
- 4.5.1 Determine that a reasonable accommodation can be made, and
 - 4.5.1.1 Enter an order changing the current duties of the employee, and
 - 4.5.1.2 Reclassify the employee's position or
 - 4.5.1.3 Transfer the employee to another available position in the department, or if applicable, another department.
 - 4.5.2 Determine that a reasonable accommodation cannot be made and enters an order removing the employee from active employment with the City.

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ATTACHMENT A

MEDICAL INFORMATION QUESTIONNAIRE

EMPLOYEE'S NAME
ADDRESS
CITY

Dear EMPLOYEE;

In order for us to determine your current status, it is necessary for the Department to obtain information concerning your ability to perform your regularly assigned duties. Please have your physician answer each of the following questions, and return the Questionnaire to DESIGNATED PERSON by DATE.

I authorize the release of the information below to the City of Houston to make a determination regarding my ability to perform the essential functions of my job.

Employee's Signature _____ Date: _____

Employee Number _____

NOTE TO PHYSICIAN: Please examine and evaluate EMPLOYEE'S medical condition by completing Part A and, if applicable, Part B of the Medical Questionnaire.

PART A

EMPLOYEE is JOB TITLE in the City of Houston, Finance & Administration Department. Attached are the Job Duties for HIS/HER position and the physical factors affecting performance of that job. In your opinion, based on medical evidence and your review of the attached job duties and essential functions, can EMPLOYEE perform all of the duties and/or requirements associated with this position? Yes ___ No ___ If no, please fully complete each of the following questions in Part B.

PART B

1. Describe HIS/HER condition.
2. Is the condition temporary or permanent?
3. How long has the EMPLOYEE been treated by you for this condition?
4. When did you last treat EMPLOYEE?

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5. Have you referred EMPLOYEE to another physician or health care professional for diagnosis, treatment, or counseling for the condition affecting EMPLOYEE's ability to perform HIS/HER essential job function? Yes ___ No ___ If yes, to whom and when?

6. Will EMPLOYEE's condition require any specialized treatment other than an examination, consultation or medication? Yes ___ No ___ If yes, what is your determination of how long the treatment will continue.

7. How will the treatment affect EMPLOYEE's ability to perform HIS/HER job?

8. Specifically, which of the following activities and/or duties can EMPLOYEE safely perform? Which of these can HE/SHE not perform?

	<u>CAN PERFORM NOW</u>	<u>CANNOT PERFORM</u>	COMMENTS
Lifting (If yes, Limitations)	_____	_____	
Climbing	_____	_____	
Stooping, bending, kneeling	_____	_____	
Reaching	_____	_____	
Walking	_____	_____	
Driving City vehicle	_____	_____	
Operating or working near machinery	_____	_____	
Prolonged sitting	_____	_____	
Prolonged standing	_____	_____	
Prolonged walking	_____	_____	
Other	_____	_____	

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9. What environmental factors are likely to aggravate the condition (please refer to job duties when considering)?
10. If EMPLOYEE is unable to return at this time in any capacity, what is the earliest date you estimate HE/SHE can report to work:
- A. In a limited capacity?
 - B. Full duty assignment?
11. Are there any other observations or medical information you have which may help the City to assist EMPLOYEE? If so, please state them briefly.

Physician's Name _____ Area of Specialty _____

Address: _____

Phone No. _____ Fax: _____

Physician's Signature _____ Date: _____

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ATTACHMENT B

Lonnie Vara
Director
Department of Human Resources

Richard Lewis, Director
Finance & Administration

DATE

EDPP Candidate
EMPLOYEE'S NAME), CLASSIFICATION
Employee # xxx-xx-xxxx
C.D. XXXXXXXX

MR/MS/ (EMPLOYEE'S NAME), # XXX-XX-XXXX has been on leave without pay for five months and unable to perform HIS/HER duties as an CLASSIFICATION in the XXXXXXXX Division. We have been unable to reach MR/MS/ EMPLOYEE NAME or receive a response from HIM/HER or HIS/HER physician relative to HIS/HER status. Attached is a list of the events in the case of MR/MS/ EMPLOYEE NAME.

Without a response from MR/MS/ EMPLOYEE NAME it has not been possible to identify a position that HE/SHE might be able to perform.

MR/MS/ EMPLOYEE NAME is now being submitted to the Human Resources Department as a candidate for placement in hopes that HE/SHE can secure a position which will not conflict with HIS/HER medical condition/restrictions.

Your assistance in immediate placement of MR/MS/ EMPLOYEE NAME in the City's Employees with Disabilities Placement Program is requested.

Thank you for your assistance in this matter.

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ATTACHMENT C

(EMPLOYEE'S NAME)
CLASSIFICATION

Richard Lewis, Director
Finance & Administration

DATE

Notification of Medical
Removal Hearing

You are hereby notified of my intent to recommend to the Civil Service Commission that you be terminated from employment with the City of Houston due to medical impairment.

You have not worked since (LAST DAY AT WORK) and all benefits were exhausted on DATE. From the last Physician's Statement, dated _____, it is undetermined when you may return to work. In an effort to accommodate you, the Finance & Administration Department conducted a search for placement within the Department then referred you to the Employee's Disabilities Placement Program on DATE. Mr. Roderick Newman of the Employee's Disabilities Placement Program indicated that he could not place you because _____.

In an effort to give you an opportunity to respond to this charge, I am requesting that you meet with me on DATE at TIME a.m./p.m. in the Director's Conference Room, 2nd Floor Room 269, City Hall Annex to respond to this charge.

If you fail to meet me at the designated time, the department will proceed with a request for medical removable.

You are entitled to have a representative, such as a union representative or an attorney, present at the meeting. Notification to the representative of the date, time and location of the meeting will be your responsibility. This meeting will not be rescheduled if you representative is not available.

Richard Lewis, Director
Finance & Administration Department

RECEIVED: _____ DATE: _____

WITNESS: _____

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ATTACHMENT D

Lonnie Vara
Director
Human Resources Department

-----, Attorney
Legal Department

DATE

Request For Medical Removal
(EMPLOYEE'S NAME), CLASSIFICATION,
Emp # XXX-XX-XXXX C.D. XXXXXX

Pursuant to Ordinance No. 93-27, I am submitting herewith documentation for the above-referenced employee, for your consideration, and for submission to the Civil Service Commission of the City of Houston.

(EMPLOYEE'S NAME) From the last Physician's Statement, dated _____ it is undetermined when MR/MS/ EMPLOYEE NAME may return to work. In an effort to accommodate MR/MS/ EMPLOYEE NAME, the Finance & Administration Department referred HIM/HER to the City's Medically Impaired Placement Program on DATE, after conducting a search for placement within the Department. Mr. Roderick Newman of the Medically Impaired Placement Program indicated that he could not place MR/MS/ EMPLOYEE NAME because HE/SHE had not provided doctor's release (either full or partial) and because MR/MS/ EMPLOYEE NAME had not returned an application.

On DATE (EMPLOYEE'S NAME) met with Mr. Richard Lewis, Department Director to discuss any options, suggestions, or as an opportunity for MR/MS/ EMPLOYEE NAME to provide any additional information that might help the Department reach a resolution. MR/MS/ EMPLOYEE NAME was not optimistic regarding when HE/SHE might be returning to work, or even if HE/SHE would be returning to work,

For the foregoing reasons, the Finance & Administration Department requests that this case be referred to the Civil Service Commission of the City of Houston for consideration as a medical removal.

Should you have any questions, please feel free to contact me at 247-1492.

Assistant City Attorney

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