COUNTY OF ORANGE, VIRGINIA
PERSONNEL POLICIES MANUAL

WORK DURING EXTENDED SICK, FAMILY, OR MEDICAL LEAVE

POLICY NO: 5.11 **EFFECTIVE: 6/1/03**
REVISED:

Overview: This policy provides that, under certain circumstances, with prior medical approval, and approval of the Department Director or Constitutional Officer, employees on extended leave under the provisions of Policy 5.2 (Sick Leave) or 5.3 (Family and Medical Leave) may request to perform compensated work activities.

Scope: This policy applies to all regular, non-probationary full time employees, scheduled to be absent for 30 calendar days or longer.

Provisions:

A. Circumstances

1. The employee must be cleared for the work to be performed by his/her health care provider.

2. The opportunity to work must be requested at the employee's initiative.

3. The work must either be performed at the work site or it must be of a nature that can be performed at home.

4. The employee's Department Director or Constitutional Officer must provide prior approval for all work to be performed.

B. Qualified Work

1. The Department Director or Constitutional Officer must determine that the work is required to be performed and cannot be performed during a 40 hour work week by employees not on Sick or FMLA leave.

2. If the work can be accomplished at the employee's normal work site, no specific identification of the tasks to be performed is required.

3. If the work is to be accomplished at home, it must be defined in terms of:

   a. Specific, defined tasks.

b. The time required to accomplish the tasks.

c. The measurement that will be used to determine if the tasks are accomplished.

C. Procedures

1. Employees wishing to work under the provisions of this policy will obtain clearance from their health care provider (if the absence is due to their personal health), requesting the doctor or to complete Form 5.11.2.

2. Once any necessary medical clearance is obtained, the employee desiring to work will complete Form 5.11.1 and submit it, along with the Form 5.11.2 to the appropriate official.

3. The Department Director or Constitutional Officer will indicate approval or disapproval of the request where indicated on the form 5.11.1.

4. If the request is approved, the Department Director or Constitutional Officer will complete form 5.11.3 authorizing the work. Copies of the completed forms 5.11.1, 5.11.2, and 5.11.3 (if work is approved) will be sent to the employee and to the Director of Human Resources.

5. The employee will submit weekly time sheets to the Department Director or Constitutional Officer recording the work actually performed. The Department Director or Constitutional Officer will approve the time sheets and forward them to the Director of Human Resources who will retain a copy for the personnel file and forward them to the Director of Finance for incorporation in the monthly payroll, if appropriate.

D. Accounting

1. Hours worked under the provisions of this policy will be credited to the employee in the following order:

a. Offset any absence without pay.

b. Offset any donated sick leave. Offset hours will be returned to the donorsin numbers proportionate to the hours donated.

c. Offset employee's sick leave.

d. Offset employee's compensatory time

e. Offset employee's ordinary leave.

2. Hours worked applied against absence without pay will be reconciled on a monthly basis prior to the end of the month payroll preparation.

3. Reconciliation of hours against all other accounts will be accomplished upon the employee's return to full-time work.

4. All records relating to this policy will become a matter of permanent record in the employee's personnel file and are available for review by the employee and other authorized officials in accordance with County policy.

Request to Work During Extended Absence

_____
Date

To: _____
Department Director or Constitutional Officer

I, _____ , request to
Print Full Name and SSN
resume some aspect of my normal work on a parts-time basis while I remain on my

approved sick/FMLA leave, currently scheduled from _____ to

_____.

I request to work (select one):

____ at my normal job site only

____ at my normal job site and at home

____ at my home only

I am able to work up to _____ hours per week beginning _____.
Date
____ I have been medically cleared by my health care provider to perform this work. See

attached Form 5.11.2

____ My absence is not due to personal illness or injury and no medical release is

necessary.

_____ _____
Employee Signature Date

Approved. _____ _____
Department Director or Constitutional Officer Date

Disapproved. _____ _____
Department Director or Constitutional Officer Date

Medical Release for Limited Return to Work

_____
Date

To: County Administrator
Orange County
112 W. Main Street
Orange, VA 22960

This is to release _____ to return to a
Full Name and SSN

limited duty work schedule at his/her own discretion effective _____.
Date

_____ (Signature)
Typed or Printed Name and
Organization of Authorized
Medical Official

Orange County Form

5.11.2

Authorization to Work During Extended Absence

_____
Date

To: _____
Employee

In accordance with your request of _____, you are authorized to begin part-time
Date

work at (select one):

____ at your normal job site only

____ at your normal job site and at home

____ at your home only

commencing _____. You are authorized to work up to _____ hours per week.
Date

For work you accomplish at your normal job site, you are required only to provide to me a weekly time sheet accounting for the hours worked.

For work accomplished at your home, you are required, on a weekly basis, to obtain prior approval of the tasks to be performed and the time to accomplish each task. At the end of the week, you must provide to me a written statement of the tasks actually completed and the time actually spent completing each task. Additionally, you will submit to me a separate weekly time sheet accounting for the hours worked at home.

You may be required to provide further evidence of work performed at home. Please note that inaccurate or improper completion of time sheets or certification of work performed may result in disciplinary action up to and including dismissal.

Copies of all documents associated with this work will be maintained as a permanent part of your personnel record.

_____
Department Director or Constitutional Officer