

UMBC POLICY ON ACCIDENT LEAVE FOR EXEMPT AND NON-EXEMPT EMPLOYEES UMBC Policy VII-7.40.01

I. POLICY STATEMENT

The purpose of this policy is to specify the details relevant to the reporting of work-related injuries and the administration of work-related accident leave at UMBC.

II. PURPOSE FOR POLICY

The purpose of this policy is to specify the details relevant to the reporting of workrelated injuries and the administration of work-related accident leave at UMBC. This policy is written in compliance with the University System of Maryland Policy VII-7.40-Policy on Accident Leave for Exempt and Nonexempt Employees, as amended December 13, 1996.

III. APPLICABILITY AND IMPACT STATEMENT

This policy addresses all UMBC Exempt and Non-Exempt Staff.

IV. CONTACTS

Direct any general questions about this University Policy first to your department's administrative office. If you have specific questions, call the following offices:

Subject	Contact	Telephone	Email
Policy Clarification	Human Resources	(410) 455-2337	

V. UNIVERSITY POLICY

A. DEFINITION OF "WORK-RELATED ACCIDENT LEAVE."

"Work-related accident leave" is leave with two-thirds of an employee's regular pay that is granted to an employee who sustains a work-related accidental injury if both of the following circumstances occur:

- 1. A determination is made that the injury is compensable according to the Maryland Workers' Compensation Act; and
- 2. A physician examines the employee and certifies that the employee is unable to perform the essential duties of the position because of the injury.

B. ELIGIBILITY FOR WORK-RELATED ACCIDENT LEAVE AND BENEFITS.

- 1. Only employees who are appointed on a regular basis are eligible for work-related accident leave.
- 2. An employee who is receiving work-related accident leave accrues leave and service credit based upon the employee's regular pay and continues to receive health benefits with the subsidy allowed by the State.

C. ADMINISTRATION.

- 1. Employee's First Report of Injury http://www.umbc.edu/safety/AccidentForms and Physician's Certification of Injury.
 - a) The injured employee or someone on the employee's behalf must provide oral or written notice to the employee's supervisor immediately after the injury occurs. The supervisor will refer the employee directly to the following:

Concentra Medical Center 1419 Knecht Avenue Arbutus, Maryland 21227 Telephone: 410-247-9595

- b) Within three (3) work-days after the injury occurs, the injured employee or someone on the employee's behalf must submit to the employee's supervisor a physician's certification that the employee is unable to perform the essential duties of the position because of the injury.
- 2. Supervisor's First Report of Employee's Injury.

Within 1 (one) work day following the injury, the supervisor of the injured employee or the supervisor's designated representative must complete a Supervisor's First Report of Injury form and submit it to the Office of Risk Management.

3. Employer's First Report of Injury.

Immediately upon receipt of the Supervisor's First Report of Injury, the Office of Risk Management will:

- a) File an Employer's First Report of Injury with the Injured Workers' Insurance Fund (IWIF);
- b) Notify the injured employee or someone on the employee's behalf of the employee's right to file a claim with the Workers' Compensation Commission; and
- c) Send a copy of the Employee's First Report of Injury to the Department of Human Resources/Relations (DHR/R) for a determination of whether the

injury is likely to be compensable under the Maryland Workers' Compensation Act.

4. Determination of DHR/R.

Upon receipt of the Employee's First Report of Injury from the Office of Risk Management, the DHR/R will determine whether the employee's injury is likely to be compensable under the Maryland Workers' Compensation Act, and will grant or deny the employee work-related accident leave in accordance with the determination. If workrelated accident leave is granted, the leave will begin on the injured employee's first day of absence from work because of the injury.

5. Termination of Work-Related Accident Leave.

The injured employee's work-related accident leave will be terminated on the earlier of the following dates:

- a) The date on which the employee is able to return to the employee's regular duties or to modified duties designated by UMBC, as certified in writing by a physician; or
- b) Six months from the date of the employee's first day of absence from work because of the injury.
- 6. Leave for Continuing Medical Treatment.

If the injured employee returns to the employee's regular duties or to modified duties designated by UMBC before 6 months have elapsed since the date of the injury, work-related accident leave may be granted for continuing medical treatment, as certified in writing by a physician selected by UMBC, for up to 6 months from the date of the employee's first day of absence from work because of the injury.

7. Additional 6 Months of Work-Related Accident Leave.

After the injured employee has used 6 months of work-related accident leave, the DHR/R may grant the employee a maximum of 6 additional months of work-related accident leave if a physician selected by UMBC certifies in writing that the employee continues to be unable to perform the essential duties of the position.

8. Notice of Non-compensability.

If UMBC receives notice from either the Workers' Compensation Commission or the IWIF that the employee's injury has been determined to be non-compensable, the employee's work-related accident leave will be terminated. UMBC will correct the employee's leave record to reflect a conversion of any work-related accident leave that was granted in advance of the notice of non-compensability to leave with pay or, if the employee does not have leave with pay, to leave of absence without pay. The employee will be obligated to reimburse UMBC for any work-related accident leave that was granted and used before the notice of non-compensability was received by UMBC.

D. TEMPORARY TOTAL BENEFITS.

An injured employee may be entitled to temporary total benefits for loss of wages according to the Workers' Compensation Act only after the employee has used all available work-related accident leave and sick leave. After the employee has used all available work-related accident leave and sick leave and does not elect to receive temporary total benefits, the employee may use accrued annual leave, personal leave, compensatory leave, and holiday leave. If no leave with pay is available, the employee will be placed on a leave of absence without pay. The combination of leave with pay and leave without pay may not exceed 2 years.

E. MEDICAL EVALUATION.

The DHR/R or the IWIF, or both, may refer an employee on work-related accident leave to a physician or physicians for periodic examinations to determine the nature and extent of the employee's injury, the employee's progress toward recovery, the length of time necessary for recovery, and an estimated date of return to work. If the DHR/R refers the employee to a physician, the DHR/R will notify the Office of Risk Management of the referral. The Office of Risk Management will submit to the IWIF a report stating the circumstances of the referral and the physician's prognosis.

VI. DEFINITIONS

Work-related		Leave with two-thirds of an employee's regular pay that is granted to an employee who sustains a work-related accidental injury if both of the following circumstances occur:
accident leave	А.	A determination is made that the injury is compensable according to the Maryland Workers' Compensation Act; and
	В.	A physician examines the employee and certifies that the employee is unable to perform the essential duties of the position because of the injury.

VII. APPROVAL AND PROCEDURES

- A. Pre-approval is not applicable.
- B. Approval is not applicable.
- C. Procedures: Please see <u>UMBC's Accident Leave Process</u>.

VIII. DOCUMENTATION: NA

IX. RESTRICTIONS AND EXCLUSIONS: NONE

X. RELATED ADMINISTRATIVE POLICIES AND PROCEDURES:

USM VII-7.40 Policy on Accident Leave for Nonexempt and Exempt Staff Employees

Administrator Use Only

Policy Number: VII-7.40.01 Policy Section: Personnel Responsible Administrator: _________(same as noted in IV above) Responsible Office: Human Resources Approved by President: _______ [date(s)] Originally Issued: _______(date) Revision Date(s): _______(date)