



# Illinois Department of Corrections

## Administrative Directive

Number: <b>03.02.215</b>	Title: <b>Medical Restrictions on Personnel</b>	Effective: <b>9/1/2022</b>
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<b>Authorized by:</b>	<i>[Original Authorized Copy on File]</i>	<b>Rob Jeffreys</b> Director
<b>Supersedes:</b>	03.02.215 effective 8/1/2021	

<b>Authority:</b> 730 ILCS 5/3-2-2 80 IAC 303.145	<b>Related ACA Standards:</b> 5-ACI-1C-15
<b>Referenced Policies:</b> 03.01.305, 03.02.225	<b>Referenced Forms:</b> DOC 0044 – Personnel Action Form DOC 0289 – Internal Personnel Action Request DOC 0430 – Appeal/Grievance – Discrimination Based on Disability or the Denial of a Request for Reasonable Modification CMS 95 – Physician’s Statement

### **I. POLICY**

Employees shall not be allowed to work with medical restrictions for a temporary physical or mental disability unless permission to work with limited restrictions has been granted in accordance with this directive. No employee shall be allowed to return to work with restrictions for a temporary physical or mental disability where long-term recuperation (in excess of 90 calendar days) is involved or where the return to work may contribute to reoccurrences of the medical condition or where working under restrictions may impair the operation or security of the employing worksite.

### **II. PROCEDURE**

#### **A. Purpose**

The purpose of this directive is to establish written instructions to staff in regard to approval of working with limited restrictions for a temporary physical or mental disability.

#### **B. Applicability**

This directive is applicable to all correctional facilities, offices, programs and parole services within the Department.

#### **C. Facility Reviews**

A facility review of this directive shall be conducted at least annually.

#### **D. Designees**

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

#### **E. Definitions**

Extended sick leave – any leave other than an approved medical leave of absence where a medical verification of the employee's disability is required, regardless of whether the employee is in paid or non-paid status or of the type of benefit time the employee is utilizing.

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Physician – for the purpose of this directive, means Medical Doctor (MD), Doctor of Osteopathic (DO), Nurse Practitioner (NP), Physicians Assistant (PA) and/or Licensed Clinical Psychologist.

Restrictions – limitations on or special provisions for the normal work assignment such as hours limited to less than full time hours, weight limit on lifting and carrying, limited movement, etc.

**F. General Provisions**

1. Every employee who has been on a medical leave of absence or extended sick leave shall return to work as soon as a full medical release has been obtained from the employee's physician or from a physician authorized by the Department.
2. An employee may request to work or return to work with limited restrictions for a period of 90 calendar days or less if the employee's physician indicates in a signed statement the physical or mental disability for temporary restrictions, the length of time and nature of the limitations.
3. The Department may request that an employee work or be returned to work with limited restrictions based on a statement provided by the employee's physician or a Department authorized physician. If an employee refuses to return to work, he or she may be subject to disciplinary action.
4. To determine whether the employee is capable of performing his or her job duties with some temporary or limited restrictions, the Chief Administrator may request a physician, authorized by the Department, evaluate the employee's:
  - a. Current condition and prognosis; and
  - b. Job description or post assignment.
5. A request to work or return to work with restrictions shall only be considered when the restrictions:
  - a. Are temporary in nature and limited to a specific period of time not to exceed 90 calendar days, after which the employee is expected to return to work on a full-time basis with no restrictions.
  - b. Are limited to minor changes in the work routine or assignment within the scope of the employee's job description or post assignment.
  - c. Would not require assignment to duties outside of the employee's job classification.
  - d. Would not cause violations of any union contract provisions or personnel rules.
  - e. Would not require the Department to expend any funds or take any measures to alter the work site.
  - f. Would not jeopardize or impair the security of the worksite or any person.
  - g. Would not disrupt the operation of the facility.
6. The Chief Administrator may limit the number of employees who may work on a restricted basis and shall determine, based on the operating needs of the facility, which employees may work with restrictions. However, once an employee has been approved to work with restrictions, the restricted status cannot be terminated to allow a different employee to go on restricted status.

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7. A request to extend the time period for working with limited restrictions may only be submitted and shall be considered when:
  - a. A physician has stated in writing that the employee is still under restriction for a specified time and provides the expected date the employee will be able to return to work with no restrictions; and
  - b. The total period of time the employee would be on restricted status would not exceed 90 calendar days (that is, the initial restricted period plus any extended periods would not exceed 90 calendar days).
8. Any changes to restrictions shall be reported to the facility and approved in accordance with procedures outlined in this directive.
9. This directive shall not give an employee the right to work with restrictions or to remain on leave of absence indefinitely.
10. Employee requests for reasonable accommodation due to a permanent disability or a disability lasting greater than 90 calendar days shall be processed in accordance with Administrative Directive 03.02.225.

**G. Requirements**

1. A written request for an employee to work or return to work with restrictions on a temporary basis may be initiated by the employee, facility or the Manager of the Compliance and Control Division. The request shall be submitted to the Chief Administrator and shall be identified as an initial or extended request. A copy of the Physician's Statement, CMS 95, or other supporting medical documentation, must be submitted with the request and shall include:
  - a. Nature of temporary disability;
  - b. Nature and extent of the restriction;
  - c. Length of time of the restriction or extended restriction (the total restriction period shall not exceed 90 calendar days); and
  - d. Projected return to work date with no restrictions.
2. The Chief Administrator shall review the request and may request additional information or require a physician, authorized by the Department, to examine the employee or to evaluate the request.
3. After considering all the factors identified in Paragraph II.F., the Chief Administrator shall provide a written description of the injury; a summary of the work restrictions requested; the projected return to work date; his or her recommended approval or denial of the request; and justification for such recommendation and/or denial. The Chief Administrator shall forward recommendations to the Manager of the Compliance and Control Division.
4. The Manager of the Compliance and Control Division shall:
  - a. Review the request and supporting documents to determine eligibility;
  - b. Consult with the respective Deputy Director, when necessary, to resolve any questionable issues;

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- c. Approve or deny the request; and
    - d. Notify the Chief Administrator of the final decision in writing or by electronic mail.
  - 5. The Chief Administrator shall ensure that by the end of the specified time frame for restricted status the employee has:
    - a. Returned to work with no restrictions;
    - b. Been approved for an extension of restricted status; or
    - c. Been placed on a leave of absence or an extended sick leave until he or she is able to return to work with no restrictions. When placed on the leave of absence, the Chief Administrator shall ensure a copy of the written decision is attached to the Personnel Action Form, DOC 0044, or Internal Personnel Action Request, DOC 0289, and submitted to the Central Personnel Office.
  - 6. Employees who wish to appeal the decision provided as a result of their request for Medical Restrictions shall:
    - a. Ensure their appeal and/or grievance is filed in accordance with Administrative Directive 03.01.305; and
    - b. Complete an Appeal/Grievance – Discrimination Based on Disability or the Denial of a Request for Reasonable Modification, DOC 0430.
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