





THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED		SUBJECT	
EFFECTIVE DATE 02/14/00		*TERMINATION DATE / /	
SICK LEAVE REGULATIONS FOR MEMBERS OF THE UNIFORMED FORCE			
CLASSIFICATION # 2262R	SUPERSEDES Directive #2262	DATED 08/24/87	DISTRIBUTION A
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER		PAGE 1 OF 14 PAGES	
 WILLIAM J. FRASER, CHIEF OF DEPARTMENT		AUTHORIZED BY THE COMMISSIONER  BERNARD B. KERIK	
SIGNATURE		SIGNATURE	



I. PURPOSE

To delineate procedures for reporting sick as well as guidelines to be followed while on authorized sick leave.

II. POLICY

AUTHORITY - HEALTH MANAGEMENT DIVISION



- A. The Health Management Division (H.M.D.) is empowered to:
1. Enforce the rules and regulations concerning sick leave;
 2. Take appropriate disciplinary action against employees who violate these rules/regulations and/or;
 3. Recommend disciplinary action to the Commanding Officers of facilities and divisions on employees who violate these rules/regulations;
 4. Authorize and dispatch a physician, nurse or other medical professional to the residence of a uniformed member to evaluate a medical and/or psychiatric condition that affects the member's ability to perform their assigned duties.
- B. Decisions concerning the medical and/or psychiatric conditions or limitations of all employees are final, unless amended by recommendation of the Commissioner.
- C. THE FAILURE BY ANY EMPLOYEE TO COMPLY WITH ORDERS AND/OR DIRECTIVES ISSUED BY H.M.D. SHALL BE DEEMED FAILURE TO OBEY ORDERS, OF WHICH, SHALL BE THE SUBJECT OF APPROPRIATE DISCIPLINARY ACTION.

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III. PROCEDURE

A. REPORTING SICK (Deputy Wardens-in-Command, Deputy Wardens, Assistant Deputy Wardens, Captains and Correction Officers)

1. When it is necessary to report sick while off-duty, a member of the uniformed force shall communicate with the H.M.D. Sick Desk, at least one (1) hour prior to the beginning of their scheduled tour of duty. A member reporting sick shall communicate by telephone, or if unable to do so, shall have a competent person telephone for them. When reporting sick, the following information shall be given:
 - a. Full name, rank, shield number, command and scheduled tour of duty;
 - b. Residence address, floor and/or apartment number, city or town, zip code, cross street, and telephone number;
 - c. If reporting sick from a location other than the member's own residence, the name of the person from whose residence reporting sick, address, floor or apartment number, city or town, zip code, cross street, and telephone number at said location;
 - d. Name, address, and telephone number of person reporting, if other than the member; and
 - e. Specific description of illness or symptoms, compensation or non-compensation designation.
2. The person receiving the sick report at H.M.D. shall transcribe the information reported in accordance with paragraph III. A. 1, on the EMPLOYEE'S SICK REPORT form (see attachment A) and give the Sick Report Log Number to the caller.
3. H.M.D. will notify each institution or division of all members of the uniformed force who have reported sick, as soon as possible.
4. H.M.D. must be notified of all major illnesses (e.g. heart disease, diabetes, etc.) before a member can be returned to duty. H.M.D. must be notified of all new pregnancies. This notification may be made directly by the member. All infectious/communicable diseases (hepatitis, measles, mumps, rubella, chicken-pox, tuberculosis, etc.) must be reported to H.M.D. immediately.

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Note: All MMR assignments must be made by H.M.D.

5. For absences of more than two (2) days, medical documentation shall be submitted to the Health Management Division upon the member's return to duty and/or as ordered.
6. All records relative to sick leave shall be maintained at H.M.D. When the member reaches thirty (30) days on sick leave, H.M.D. shall place the member on indefinite sick leave status.
7. H.M.D. shall notify the member of the indefinite sick status. The member will continue to be subject to all provisions of this Directive upon entry into indefinite sick status, including all scheduled appointments.
8. The command must notify the member and H.M.D., in writing, whenever a chronic absent classification is made. Said member shall be subject to restricted out-of-residence hours until removal from the category.

B. REPORTING SICK FROM OUTSIDE THE CITY*



1. A member reporting sick from outside the City shall do so by telephone or telegraph to the H.M.D. Sick Desk. The following information shall be given:
 - a. Full name, rank, shield number, and command;
 - b. Name of the person from whose residence reporting sick, address, city or town, state, zip code, and telephone number where member can be reached;
 - c. Specific description of illness or symptoms;
 - d. The date when member will be able to return to the City. Members are required to return to the city within forty-eight (48) hours and report to H.M.D. on the next business day unless the member's medical condition precludes travel.

* For this Directive, the City includes the five (5) Boroughs of New York City and the six (6) counties in which uniformed personnel reside, i.e., Nassau, Suffolk, Westchester, Rockland, Orange, and Putnam.

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2. When such members must remain outside the City for treatment or convalescence, they will transmit to the Commanding Officer of H.M.D., an application for permission to be absent from the City while on sick report, postmarked no later than forty-eight (48) hours after the initial sick report. The member shall attach to said application a written statement by the attending physician describing the member's illness, prognosis, plan or treatment, ability to travel and why absence from the City is required. The written statement must include the physician's name, address, and telephone number. Such application may be adjudicated by telephone between H.M.D., the member, and their physician.
3. The application will be reviewed by an H.M.D. physician who will forward the application with their recommendations by endorsement to the Commanding Officer of H.M.D. The attending physician's statement will also be transmitted with the member's application. The Commanding Officer of H.M.D. shall submit said application with recommendation by endorsement to the Commissioner for final action.
4. When permission to remain outside the City has been granted by the Commissioner, the Commanding Officer of H.M.D. shall notify the Commanding Officer of the facility or division concerned, as to length of time the member is authorized to remain outside the City. The member's application with the Commissioner's approval noted thereon shall be filed in the member's medical record at H.M.D.
5. The Commanding Officer of H.M.D. will notify the member by telephone and in writing as to action taken on their application and may request documentation regarding the member's medical condition at any time. Whenever an application to remain outside the City has been disapproved, the member concerned will be directed by telephone and in writing by the Commanding Officer of H.M.D. to return to the City. Failure on the part of any member of the uniformed force to return to the City when so directed shall be cause for disciplinary action. When a member has returned to the City, they shall immediately notify H.M.D. which will schedule the member for a medical appointment to determine whether they should be returned to duty or considered on sick report.

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C. SICK WHILE ON VACATION

A member of the uniformed force who becomes ill while on vacation, to the extent which would normally incapacitate them for duty, may report sick by communicating with the H.M.D. Sick Desk in accordance with the appropriate provisions described in

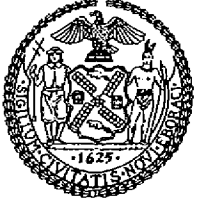

Section III. A. for REPORTING SICK and in Section III. B. for REPORTING SICK FROM OUTSIDE THE CITY. When a member who has reported sick while on vacation returns to duty, they may make application to the Commissioner through channels to have vacation time lost restored due to illness while on vacation. Such application shall contain evidence satisfactory to the Commissioner of such illness and will be endorsed by the Commanding Officer of the facility or division concerned and the Commanding Officer of H.M.D. with a statement as to the action recommended.

D. REQUEST TO LEAVE CITY WHILE ON SICK REPORT

1. When it is necessary for a member of the uniformed force who is on sick report to leave the City for treatment or convalescence, they shall transmit to the Commanding Officer of H.M.D. an application for permission to leave the City while on sick report. The Commanding Officer of H.M.D. will process this application in accordance with appropriate provisions prescribed in Section III. C.
2. Disciplinary action shall be taken against any member of the uniformed force who leaves the City without authorization while on sick report.



E. CONFINEMENT TO RESIDENCE

1. Members of the uniformed force who report sick and are otherwise not classified as chronic absent will not be confined to their residence for the first eight (8) days they report sick in a calendar year. Members are responsible to have knowledge of their sick day count during the calendar year. Ignorance of the members' sick day count will not be a defense in disciplinary procedures resulting from an out-of-residence violation.
2. Members of the uniformed force who report sick as a result of a verified line of duty injury resulting from a Use of Force or serious injury resulting from an Unusual Incident as defined in Directive #5000R and have a definite return to duty date within two (2) weeks of the date they visit H.M.D. will not be confined to residence.

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3. During the first eight (8) days reporting sick, members of the uniformed force shall not be required to log in/out with H.M.D.
4. Members of the uniformed force who have reported sick for nine (9) or more days during a calendar year, or are classified as chronic absent shall not leave their residence or place of confinement except for visitation to their personal physician, a hospital, H.M.D. or where contractually permitted.
5. Members of the uniformed force leaving their residence or place of confinement shall first notify the H.M.D. Sick Desk by telephone of the following:
 - a. Name, rank, shield number and command;
 - b. Name, address and telephone number of personal physician, hospital or place where treatment is to be obtained;
 - c. When member returns to their residence or place of confinement, they shall notify the H.M.D. Sick Desk.
6. Time out-of-residence (recreation hours) for members on sick leave will be granted by H.M.D. in blocks of four (4) hours (0800 - 1200 or 1300 - 1700). During these hours members are expected to attend to their personal needs and activities, other than those noted in paragraph 4 above, such as religious activities, voting, grocery shopping, and pharmacy trips. Specific blocks of time are issued for thirty (30) day periods. Members desiring to change those blocks of time must submit written requests to the Commanding Officer of H.M.D. at least seventy-two (72) hours prior to the desired date of change.
7. Members of the uniformed force may be requested to forward documentation of their out-of-residence activity to the H.M.D. sick desk within seven (7) days of the activity.
8. H.M.D. will not address individual requests for additional time out-of-residence, except where required, due to, or as a result of, an emergency. In such an emergency, the member must contact the Commanding Officer of H.M.D., or designee, to apply for additional time out. The Commanding Officer or designee will evaluate each request on a case by case basis.
9. Upon verification of the scheduled activity, recreation hours may be adjusted to a time period which is consistent with the hours of the activity requested.



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10. Uniformed members on sick leave who are granted a four (4) hour block of time out-of-residence (recreation hours) by H.M.D. are not required to notify the sick desk on leaving from or returning to their place of confinement for that period of time.
11. Members of the uniformed force who were injured in the line of duty and do not have a definite return to duty date, may apply for additional time out-of-residence to the Commanding Officer of H.M.D. The Commanding Officer of H.M.D. shall determine on a case by case basis whether modifications are to be made for additional time out-of-residence. Upon request by designated Union Representatives, the Commanding Officer of H.M.D. or designee will review denials of those applications with the Union Representative.
12. All requests to modify or extend out-of-residence recreation hours must be submitted in writing to the Commanding Officer of H.M.D. The procedure, includes but is not limited to, conflicting activity requests, additional time out-of-residence requests, and twenty-four (24) hour out-of-residence requests for line of duty cases when the return to duty is within two (2) weeks from the H.M.D. visit date.
13. Any member who logs out of their residence for admission to a hospital, must report this when calling the H.M.D. Sick Desk. Upon discharge from the hospital the member must contact the H.M.D. Sick Desk to report the return to residence or place of confinement.

F. RETURNS TO DUTY

1. A member of the uniformed force who has reported sick shall not return to duty until ordered to do so by an H.M.D. physician, physician's assistant, registered nurse, or the H.M.D. Scheduling Unit/Sick Desk.
2. A member of the uniformed force who has reported sick may request a return to duty. The H.M.D. Scheduling Unit may approve the member's return to duty or schedule the member to see an H.M.D. physician. The H.M.D. Scheduling Unit may request that completed medical documentation form(s) be presented at, or forwarded to, H.M.D.
3. When a uniformed member has been given a return to duty date by H.M.D. and is subsequently unable to return to duty, that member must comply with the provisions outlined in REPORTING SICK. Additionally, the member shall report to

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H.M.D. on the original date given as a return to duty date for the purpose of medical evaluation. Should the member be too ill to report to H.M.D., they must call the H.M.D. Absence Control Desk at (718-595-2524/2542) and forward documentation. The documentation will be reviewed by medical staff and the member advised of the determination.

4. A uniformed member who is returned to duty on their pass day must call their command immediately.
5. All return to duty orders will be transmitted by H.M.D. to the appropriate institutions or divisions.

G. H.M.D. APPOINTMENTS AND MEDICAL DOCUMENTATION REQUIREMENTS

1. A uniformed member who has been scheduled for an H.M.D. appointment must appear on the date and time of their appointment. If the member is delayed or unable to keep their appointment, they shall immediately notify the H.M.D. Absence Control Captain. The H.M.D. Absence Control Captain will schedule a new appointment and may request the member to produce documentation concerning the delay or for justifying the reason for the new appointment.
 - a. All uniformed employees who report late for their "scheduled" appointment shall submit an "Employee's Late Report", form 15C to the Commanding Officer of H.M.D. The late slip shall be retained by H.M.D. for future reference. Compensatory time balances shall not be deducted for any employee late for a scheduled appointment. Repeated lateness for scheduled appointments may result in disciplinary action. The member's Command shall be provided with a copy of the late report, which will be retained in the employee's personal history folder.
 - b. A uniformed member who reports to H.M.D. for an appointment and is given a Case Disposition form (see attachment B) is responsible for the information on that Case Disposition. The signature affixed confirms that they are aware of all pertinent information, (status, time out-of-residence, revisit date, and all other instructions listed, etc.) on the Case Disposition form.
 - c. All agency personnel conducting business at H.M.D. will be required to display their shield/I.D.

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- d. Members reporting to H.M.D. are to attend in appropriate/proper attire. Appropriate attire for these purposes shall not include, tank-tops, sweat suits, blue denim jeans, or shorts unless medical needs necessitates the wearing of any of these articles. In any event, prior approval must be obtained form the Commanding Officer of H.M.D.
 - e. Adult family members and/or friends who escort employees who are ill or injured to H.M.D. will be required to sign the visitor's log at the front desk.
 - f. Children of agency personnel will not be allowed at H.M.D.
 - g. Uniformed members in possession of firearms will be required to secure their firearms in a locker upon arrival at H.M.D. (Ref: OPERATIONS ORDER #20/93).
2. A member of the uniformed force must have their private physician or medical practitioner complete a Medical Documentation form (DOC # HM I - 87, see attachment C) for every medical visit relating to the member's inability to perform full duty.
 3. Completed Medical Documentation forms must be presented at H.M.D. or mailed to H.M.D. as directed by the H.M.D. Scheduling Unit and/or H.M.D. physicians, physician's assistants, and registered nurses. When a uniformed member is directed to mail medical documentation to H.M.D., it must be mailed to:

New York City Department Of Correction
Health Management Division
One Lefrak City Plaza - 15th Floor
59-17 Junction Boulevard
Rego Park, New York 11368
Attn: Medical Documentation

Such medical documentation mailed to H.M.D. must be postmarked no later than three (3) days after the date of the medical visit documented on the form.

4. A member of the uniformed force may be requested to present additional medical documentation from their private physician or medical practitioner by H.M.D.'s Commanding Officer, Assistant Deputy Warden, Captains, physicians,

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physician's assistants or registered nurses. Such requests for additional documentation will be addressed in writing to the member's private physician or medical practitioner and shall be delivered by the member to their physician or practitioner. The member will also be responsible for returning any requested documentation to H.M.D. within a reasonable time.

5. A uniformed member may be requested by an H.M.D. physician, physician's assistant or registered nurse to consult their private physician or medical practitioner for the treatment of a condition which impairs their efficiency as a member of the Department. For such requests, the member shall take prompt action to obtain such treatment. Failure to do so shall be deemed neglect of duty.
6. A uniformed member who has reported sick may be placed on restricted duty by an H.M.D. physician, physician's assistant, or registered nurse.
7. Limitations of restricted duty will be specified by H.M.D. medical staff. Restricted duty dispositions will be transmitted to the appropriate institutions or divisions within three (3) hours after the disposition has been made.
8. A member of the uniformed force may be requested to sign forms which release medical information from the member's private physician, medical practitioner, or facility at which they were treated. H.M.D. will request only medical information which relates to the member's ability to perform their duties as an employee of the Department. H.M.D. will abide by all laws and regulations pertaining to the confidentiality of medical information. A uniformed member who is requested to sign forms to release medical information must do so. Failure to do so shall be deemed as failure to obey orders.
9. Refusal to be evaluated by an H.M.D. health professional shall be deemed failure to obey orders and/or feigning illness.
10. A member of the uniformed force may request that another H.M.D. health professional be present during their evaluation.

H. FEIGNING ILLNESS, INJURY OR DISABILITY

1. No member of the Department shall feign illness, injury or disability for the purpose of evading their duty or work assignment.

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2. Whenever the Commanding Officer of a facility or division has reason to believe that a member is feigning illness, injury or disability, or deceiving or attempting to deceive a supervisory officer concerning their physical condition, or the illness is due to misconduct, it shall be the responsibility of the Commanding Officer of the facility or division to investigate the case and submit a report of findings and recommendations to the Commissioner.
3. The case investigation may include referring the uniformed member in question to H.M.D. for medical evaluation and disposition. Commanding Officers of facilities or divisions may recommend disciplinary charges, depending upon the circumstances.

I. PREGNANCY POLICY

1. The Department of Correction's long standing policy reflects a commitment to the rights of pregnant employees.

The policy for tenured or probationary uniformed employees is as follows:

- a. Pregnant employees shall work until their private physician recommends that full employment is no longer compatible with optimum health of the mother and child. That recommendation is reviewed by the Department's H.M.D. and a decision is made in conjunction with the private physician whether the pregnant member is placed on medically monitored, restricted duty status or immediately begins sick leave.
2. Existence of pregnancy shall be reported to an H.M.D. physician, physician's assistant or nurse as soon as the uniformed member is aware she is pregnant. The uniformed member must present medical documentation which verifies the pregnancy and expected date of delivery. At the time this documentation is presented, the member must also provide from her doctor the following information:
 - a. Proof of immunity to Rubella (German Measles), Rubeola (Measles), and Varicella (Chicken pox). This information is essential for the protection of the fetus in the event of an outbreak of an infectious disease in one of the facilities.



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3. An H.M.D. physician, physician's assistant or registered nurse will place the pregnant member on restricted duty. Restrictions will include, but are not limited to, no inmate contact, prohibition from firearms qualification and other range activities, and other restrictions as determined by H.M.D. medical staff in consultation with the member's private obstetrician or midwife. Restrictions may be changed by H.M.D. medical staff in consultation with the member's obstetrician or midwife during the course of pregnancy.
4. Any changes relative to a member's pregnancy status shall be reported by the member to an H.M.D. physician, physician's assistant or nurse. H.M.D. medical staff, in consultation with the member's private physician, obstetrician, or midwife, will determine the member's work status and projected return to duty.
5. Upon finding that the member's pregnant condition warrants bed rest or other severely restricted mobility, H.M.D. medical staff shall place the member on pregnancy disability sick leave.
6. Within fifteen (15) days of delivery, an employee shall submit to H.M.D. medical documentation stating the date of the employee's return to duty.
7. An H.M.D. physician may require examination of the member or medical information from the member's private physician or medical practitioner in order to evaluate a request for leave or to evaluate a member's fitness to return to duty.

J. MATERNITY DISABILITY

1. The period of maternity disability sick leave is between six (6) to eight (8) weeks depending on the form of delivery (Normal or C-Section). During the six (6) to eight (8) week period after the birth of the child, a determination will be made whether the member will return to full or MMR duty, or continued on sick leave.
2. If no additional sick leave is warranted, the member may apply for child care leave. The request must be made in writing and all Rules & Regulations relative to leaves of absence apply.

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3. Recruits who become pregnant during their training, are permitted to finish their training, if possible, or are placed on medically monitored status or sick leave. After the birth of the child, the recruit shall complete the unfinished academy training or be assigned to a facility with the same rights as outlined in this section.



Note: Leaves of absence without pay are governed by Rule 3.10.240.

K. FACILITY AND DIVISION RESPONSIBILITIES FOR SICK LEAVE REPORTING

1. When an facility or division has been notified by H.M.D. that a uniformed member has been returned to duty, and said member does not appear for duty and has not communicated with their institution; said member is considered Absent Without Leave (A.W.O.L.). It is the responsibility of the Commanding Officer of the facility or division to notify the H.M.D. Scheduling Unit no later than three (3) hours after the start of the member's tour of duty that said member has not reported for duty.
2. When a uniformed member who has been on sick leave returns to duty, and the facility or division to which they have reported has not been notified by H.M.D. that said member has been returned to duty, it is the responsibility of the Commanding Officer of the facility or division to notify the H.M.D. Scheduling Unit immediately. The uniformed member shall not be assigned to a post or given an assignment until their working status is resolved by H.M.D.
3. When a uniformed member on duty is inexplicably incapable of performing their assigned duties due to physical and/or behavioral incapacitation, the Commanding Officer of the facility or division may order a job performance/medical evaluation on said member by initiating an H.M.D. Referral Form (DOC # HM1-87, see attachment C) and escorting the member to H.M.D. H.M.D. medical staff will evaluate the member's fitness for duty and make an assessment consistent with the member's physical and psychiatric condition.

IV. REFERENCES

- A. Directive 2258R-A, ABSENCE CONTROL/UNIFORMED SICK LEAVE PROGRAM, dated 02/14/00.
- B. Operations Order #20/93, SECURING OF PERSONAL FIREARMS WHILE AT HMD, dated 09/07/93.

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- C. Directive #5000R, REPORTING UNUSUAL INCIDENTS, dated 04/13/92 (as amended).
- D. Rule & Regulation #3.10.240.

V. ATTACHMENTS

- A. Employee's Sick Report Form
- B. Case Disposition
- C. Medical Documentation Form (HM 1-87)

VI. SUPERSEDES

- A. Directive #2262, SICK LEAVE REGULATIONS FOR MEMBERS OF THE UNIFORMED FORCE, dated 08/24/87, (as amended); and
- B. Any existing Rule and Regulation, Directive, Operations Order, Letter Order, Teletype Order, Memorandum, that may be conflict.

EMPLOYEE'S SICK REPORT

Institution: _____

Last Name _____ First Name _____ Sex M () F ()

Social Security Number _____ Rank/Title _____ Shield/I.D. No. _____

Address (street) _____ City _____ State _____ Zip Code _____

Type of Residence

Private Home ()
Apartment () No. _____ Floor _____ Telephone No. (_____) _____

IF NOT AT RESIDENCE, LOCATION

Address (street) _____ City _____ State _____ Zip Code _____

Type of Location

Private Home ()
Apartment () No. _____ Floor _____ Telephone No. (_____) _____

REPORTED SICK BY (IF OTHER THAN EMPLOYEE)

Last Name _____ First Name _____

Address _____ Telephone No. (_____) _____

Scheduled Tour and Day Reporting Sick For:

Date: _____

- () 11 pm x 7 am () Monday
- () 5 am x 1 pm () Tuesday
- () 7 am x 3 pm () Wednesday
- () 1 pm x 9 pm () Thursday
- () 3 pm x 11 pm () Friday
- () Saturday
- () Sunday

Scheduled Post

- () Inmate Housing Area
- () Inmate Service Area
- () Support
- () Administrative

Other: _____

NATURE OF ILLNESS

Was Injury Sustained: () On Duty () Off Duty
Is Injury: () Compensation Case () Non-Compensation Case

Sick Report Received At Least 30 Minutes Prior To Start Of Tour?: () Yes () No

Sick Report Received By: _____
(Rank/Title) (Name) (Shield No.)

Sick Report Received At _____ () am () pm On _____
(Time) (Date)

RETURN TO DUTY

Date: _____ For: _____ Tour

Total Days Absent: _____ Total Work Days _____ Total Pass: _____

Attendance Card Posting By: _____ Shield No. _____

Remarks: First 2 Pass Dates After Start of This Absence: _____ / _____ / _____ (1st Pass)
_____ / _____ / _____ (2nd Pass)

THE CITY OF NEW YORK DEPARTMENT OF CORRECTION
HEALTH MANAGEMENT DIVISION

CASE DISPOSITION

Date _____

Name _____	Rank _____	Shield or ID# _____	Command _____	Soc. Sec. No. _____
TYPE OF VISIT: _____ Walk-In	_____ Scheduled	_____ Category B	Comp <input type="checkbox"/> Yes <input type="checkbox"/> No	

DISPOSITION

Sick _____ Assigned to Sick List by H.M.D.
 _____ Continued on Sick List
 TIME OUT OF RESIDENCE: (Hours) _____ through _____
Date _____

MMR _____ Assigned to MMR _____ Complete MMR Restrictions Form _____
Date _____

_____ Continued MMR _____ Review MMR Restrictions Form _____
Date _____

_____ Reassigned to MMR _____
Date _____

Full Duty _____ Return to Full Duty _____
Date _____

Revisit _____ Revisit HMD _____
Date _____ Time _____

Referral _____ Refer to _____

Medical Information _____ Obtain medical information from the following source(s)

Other _____

Your sick occasion began when your absence was reported to the H.M.D. Sick Desk or you were assigned to the Sick List by H.M.D., whichever came first. You must contact the Scheduling Unit within twenty-four (24) hours of your sick occasion being reported.

You are not required to log in or out for the specified time out of residence that has been granted by H.M.D. However, if you have not been granted time out of residence or for time before or after your authorized time out of residence, should you need to leave your place of confinement, you are required to notify the Sick Desk (or Indefinite Sick Unit if applicable) to log out prior to leaving and log back in upon returning.

PLEASE NOTE: If you have been returned to duty on your pass day, you must call your Command immediately.

Your Signature as affixed, confirms that you are aware of your status, time out of residence, revisit date, and all other instructions listed above.

X _____
M.D./R.N. Signature

X _____
Member's Signature

X _____
H.M.D. Authorizing Signature

Time Departed H.M.D. _____

**THE CITY OF NEW YORK DEPARTMENT OF CORRECTION
MEDICAL DOCUMENTATION**

NOTE TO EMPLOYEE AND EXAMINING PHYSICIAN

This document is an official business record of the City of New York Department of Correction. Failure to fill out this form completely may result in denial of medical leave to the patient for the period covered by this medical note.

To be completed by physician:

Patient complains of: _____

Diagnosis (Please include positive findings) _____

Plan of treatment (Indicate all tests given and medication prescribed) _____

Prognosis _____

- Patient can return to full duty effective _____ (date)
- Patient can perform light duty* effective _____ (date)
- Patient should not return to work and is under my care. Return visit on _____ (date)

* Light duty assignments range from limited inmate contact assignments to sedentary clerical assignments with no inmate contact requiring minimal physical activity. Please specify physical limitations.

Date of this exam	Time patient arrived for this exam _____ a.m. _____ p.m.	Time patient left after this exam _____ a.m. _____ p.m.	Office phone no.
Physician's name (please print)		Office address (street, city, zip)	
Physician's license no. & BNdd no.		Physician's signature	

This section to be completed by employee:

Name (last, first—please print)	Shield
Date of accident or illness	First day of treatment for this accident/illness
Social Security number	Command
I hereby acknowledge that the above information is true, and that all information contained herein has not been altered or changed. I am aware that, should this form contain any false information, I may be subject to disciplinary action.	
Employee's signature _____	Date _____

For HMD use only:


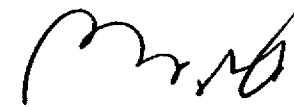
Received by _____ Date _____



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION





DIRECTIVE

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED			SUBJECT	
EFFECTIVE DATE 06/22/00		*TERMINATION DATE / /		
SICK LEAVE REGULATIONS FOR MEMBERS OF THE UNIFORMED FORCE				
CLASSIFICATION # 2262R	SUPERSEDES See Below	DATED	DISTRIBUTION A	PAGE 1 OF 1 PAGES
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER		AUTHORIZED BY THE COMMISSIONER		
 WILLIAM J. FRASER, CHIEF OF DEPARTMENT SIGNATURE		 BERNARD B. KERIK SIGNATURE		

REVISION NOTICE

- A. Directive #2262R, SICK LEAVE REGULATIONS FOR MEMBERS OF THE UNIFORMED FORCE, dated 02/14/00 is hereby amended as follows:
1. Remove original pages 2, 3, and 4 of Directive 2262R. Replace with new pages 2, 3, and 4, dated 06/22/00.
- B. All other provisions of Directive #2262R remain in full force and effect.

	EFFECTIVE DATE 06/22/00	SUBJECT SICK LEAVE REGULATIONS FOR MEMBERS OF THE UNIFORMED FORCE	
	CLASSIFICATION # 2262R		
	DISTRIBUTION A	PAGE 2 OF 14 PAGES	

III. PROCEDURE



A. REPORTING SICK

1. Captains and Correction Officers

- a. When it is necessary to report sick while off-duty, Captains and Correction Officers shall communicate with the H.M.D. Sick Desk, at least one (1) hour prior to the beginning of their scheduled tour of duty. The member reporting sick shall communicate by telephone, or if unable to do so, shall have a competent person telephone for them. When reporting sick, the following information shall be given:
 - i. Full name, rank, shield number, command and scheduled tour of duty;
 - ii. Residence address, floor and/or apartment number, city or town, zip code, cross street, and telephone number;
 - iii. If reporting sick from a location other than the member's own residence, the name of the person from whose residence reporting sick, address, floor or apartment number, city or town, zip code, cross street, and telephone number at said location;
 - iv. Name, address, and telephone number of person reporting, if other than the member; and
 - v. Specific description of illness or symptoms, compensation or non-compensation designation.
- b. All workers compensation cases must be reported to HMD pursuant to Directive #1004.
- c. The person receiving the sick report at H.M.D. shall transcribe the information reported in accordance with section III. A. 1., on the EMPLOYEE'S SICK REPORT (form #16 see attachment A) and give the Sick Report Log Number to the caller.
- d. H.M.D. will notify each institution or division of all members of the uniformed force who have reported sick, as soon as possible.
- e. H.M.D. must be notified of all major illnesses (e.g. heart disease, diabetes, etc.) before a member can be returned to duty. H.M.D. must be notified of all new pregnancies. This notification may be made directly by the member. All infectious/communicable diseases (hepatitis, measles, mumps, rubella, chicken-pox, tuberculosis, etc.) must be reported to H.M.D. immediately.

Note: All MMR assignments must be made by H.M.D.

- f. For absences of more than two (2) days, medical documentation shall be submitted to the Health Management Division upon the member's return to duty and/or as ordered.
- g. All records relative to sick leave shall be maintained at H.M.D. When the member reaches thirty (30) days on sick leave, H.M.D. shall place the member on indefinite sick leave status.
- h. The member will continue to be subject to all provisions of this Directive upon entry into indefinite sick status, including all scheduled appointments.
- i. The command must notify the member and H.M.D., in writing, whenever a chronic absent classification is made. Said member shall be subject to restricted out-of-residence hours until removal from the designation.



	EFFECTIVE DATE 06/22/00	SUBJECT SICK LEAVE REGULATIONS FOR MEMBERS OF THE UNIFORMED FORCE	
	CLASSIFICATION # 2262R		
	DISTRIBUTION A	PAGE 3 OF 14 PAGES	

III. PROCEDURE continued

2. Deputy Wardens-in-Command, Deputy Wardens, & Assistant Deputy Wardens
 - a. When calling in sick while off duty, Deputy Wardens-in-Command, Deputy Wardens, and Assistant Deputy Wardens shall notify their command/unit and report the particulars to the on-duty Tour Commander or the next available higher ranking officer.
 - b. The Supervisory Officer receiving this notification shall record the following information on the EMPLOYEE'S SICK REPORT (form #16):
 - i. Name
 - ii. Shield Number
 - iii. Social Security Number
 - iv. Nature of Illness
 - v. Compensation/Non Compensation Designation
 - c. All workers compensation cases must be reported to HMD pursuant to Directive #1004.
 - d. Any update, change in status and/or return to duty shall be received in the manner of the initial sick call. Any change of address, request for out-of-state travel and/or sick report from out-of-state, must be requested to the member's command. The Commanding Officer will forward the members request to the Health Management Division for resolution.
 - e. The Health Management Division must be notified of all major illnesses (i.e. heart disease, diabetes, post concussion syndrome, etc.) before a member can be returned to duty. In addition, HMD must be advised of all new pregnancies (this notification may be made directly by the member).
 - f. All infectious/communicable diseases (i.e., hepatitis, measles, mumps, rubella, chicken pox, tuberculosis, etc) must be reported immediately to the Health Management Division by the affected member.
 - g. For all absences of more than two (2) days, medical documentation shall be submitted to the command upon the members return to duty and/or as ordered.
 - h. The command must notify the member and the Health Management Division, in writing, whenever a chronic absence designation is made and facilitate the required information and administrative process as outlined in Directive 2258R-A, Absence Control/Uniformed Sick Leave Policy. Upon being designated as chronic absent, the affected member will be subjected to all provisions outlined in section III. A. 1. of this Directive until removal from the chronic absent status. If a member elects to appeal a chronic absent designation, during the appeal process, the affected member shall be excluded from the provisions of section III of this Directive until such time a decision is rendered.

B. REPORTING SICK FROM OUTSIDE THE CITY*

1. A member reporting sick from outside the City shall do so by telephone or telegram to the H.M.D. Sick Desk. The following information shall be given:

	EFFECTIVE DATE 06/22/00	SUBJECT SICK LEAVE REGULATIONS FOR MEMBERS OF THE UNIFORMED FORCE	
	CLASSIFICATION # 2262R		
	DISTRIBUTION A	PAGE 4 OF 14 PAGES	

III. PROCEDURE continued

- a. Full name, rank, shield number, and command;
 - b. Name of the person from whose residence reporting sick, address, city or town, state, zip code, and telephone number where member can be reached;
 - c. Specific description of illness or symptoms;
 - d. The date when member will be able to return to the City. Members are required to return to the city within forty-eight (48) hours and report to H.M.D. on the next business day unless the member's medical condition precludes travel.
 - * For this Directive, the City includes the five (5) Boroughs of New York City and the six (6) counties in which uniformed personnel reside, i.e., Nassau, Suffolk, Westchester, Rockland, Orange, and Putnam.
2. When such members must remain outside the City for treatment or convalescence, they will transmit to the Commanding Officer of H.M.D., an application for permission to be absent from the City while on sick report, postmarked no later than forty-eight (48) hours after the initial sick report. The member shall attach to said application a written statement by the attending physician describing the member's illness, prognosis, plan or treatment, ability to travel and why absence from the City is required. The written statement must include the physician's name, address, and telephone number. Such application may be adjudicated by telephone between H.M.D., the member, and their physician.
 3. The application will be reviewed by an H.M.D. physician who will forward the application with their recommendations by endorsement to the Commanding Officer of H.M.D. The attending physician's statement will also be transmitted with the member's application. The Commanding Officer of H.M.D. shall submit said application with recommendation by endorsement to the Commissioner for final action.
 4. When permission to remain outside the City has been granted by the Commissioner, the Commanding Officer of H.M.D. shall notify the Commanding Officer of the facility or division concerned, as to length of time the member is authorized to remain outside the City. The member's application with the Commissioner's approval noted thereon shall be filed in the member's medical record at H.M.D.
 5. The Commanding Officer of H.M.D. will notify the member by telephone and in writing as to action taken on their application and may request documentation regarding the member's medical condition at any time. Whenever an application to remain outside the City has been disapproved, the member concerned will be directed by telephone and in writing by the Commanding Officer of H.M.D. to return to the City. Failure on the part of any member of the uniformed force to return to the City when so directed shall be cause for disciplinary action. When a member has returned to the City, they shall immediately notify H.M.D. which will schedule the member for a medical appointment to determine whether they should be returned to duty or considered on sick report.

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2009-000840
SENT: 02/02/09 1212 HRS

TELETYPE ORDER NO. HQ -00265-0

DATE FEBRUARY 02, 2009

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM CAROLYN THOMAS, CHIEF OF DEPARTMENT

SUBJECT **TREATING PHYSICIAN'S SUMMARY REPORT, FORM #HMD-3**

******* I M M E D I A T E A T T E N T I O N *******

1. PENDING THE REVISION OF DIRECTIVE #2262R, ENTITLED "SICK LEAVE REGULATIONS FOR MEMBERS OF THE UNIFORMED FORCE," DATED 02/14/00 AND DIRECTIVE #2258R-A ENTITLED "ABSENCE CONTROL/UNIFORMED SICK LEAVE POLICY," DATED 02/14/00 THE FOLLOWING IS HEREBY AMENDED:

REMOVE ATTACHMENT "C" ENTITLED "MEDICAL DOCUMENTATION" (FORM HM1-87) DATED 8/24/87 FROM BOTH DIRECTIVES AND REPLACE WITH THE NEW **GREEN** FORM ENTITLED **"TREATING PHYSICIAN'S SUMMARY REPORT,"** FORM #HMD-3, DATED 2/1/09.

NOTE: THE FOLLOWING INFORMATION HAS BEEN ADDED TO BETTER CAPTURE SPECIFIC INFORMATION FROM THE TREATING PHYSICIAN:

"PATIENT'S CURRENT COMPLAINT";
"SPECIFIC PROGNOSIS AS OF THIS DATE"; AND
"EXPECTED DURATION OF LIMITATIONS".

NEW MATERIAL BOLD AND UNDERLINED

2. ALL OTHER PROVISIONS OF DIRECTIVES #2262R AND #2258R-A REMAIN IN EFFECT.

3. COMMANDING OFFICERS SHALL ENSURE THAT ALL RELATED COMMAND LEVEL ORDERS ARE REVIEWED AND REVISED ACCORDINGLY.

4. COMMANDING OFFICERS OF FACILITIES ARE DIRECTED TO ENSURE THAT THE APPROPRIATE PERSONNEL ARE APPRISED OF THE CONTENTS OF THIS TELETYPE ORDER AND INSTRUCTED ACCORDINGLY. COMMANDING OFFICERS ARE ALSO TO ENSURE THAT THIS TELETYPE ORDER IS POSTED IN APPROPRIATE EMPLOYEE AREAS.

5. THE COMMANDING OFFICER OF THE CORRECTION ACADEMY SHALL ENSURE THAT ALL RELEVANT LESSON PLANS ARE UPDATED TO CONFORM TO THE CONTENTS OF THIS TELETYPE ORDER.

AUTHORITY:
CHIEF OF DEPARTMENT
HA/CR



**THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION**



**HEALTH MANAGEMENT
DIVISION**

1 LEFRAK CITY PLAZA
REGO PARK, N.Y. 11368
718-595-2500

Form # HMD-3
Eff. Date: 2/1/09

TREATING PHYSICIAN'S SUMMARY REPORT

Dear Doctor,

Kindly allow your patient to hand carry the following information to us. It is essential for us to evaluate his/her fitness for duty. This form **must** be returned to the evaluating physician at **Health Management Division** upon the patient's next appointment.

MUST BE FULLY COMPLETED BY TREATING PHYSICIAN:

Patient's current complaint: _____

Diagnosis (Please include positive findings) : _____

Prescribed treatment (Indicate all test(s) given and medication(s) prescribed) : _____

Specific prognosis as of this date: _____

Please specify limitations: _____

Expected duration of limitations _____

Date of this exam :	Time patient arrived for this <small>(circle one)</small> exam: _____ A.M. P.M.	Time patient left after this <small>(circle one)</small> exam: _____ A.M. P.M.	Office phone no.
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Physician's Name : (please print)	Physician's license no. & DEA no. :
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Office address : (street, city, zip code)	Physician's Signature :
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THIS SECTION MUST BE COMPLETED BY EMPLOYEE: (FORM WILL NOT BE ACCEPTED UNLESS FULLY COMPLETED, SIGNED AND DATED)

Name : (last name, first name) (please print)	Shield No. :	SS # :
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Date of accident or illness:	First day of treatment for this accident/illness:	Command:
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MEDICAL INFORMATION RELEASE: I hereby authorize the release of the above requested information by affixing my signature.

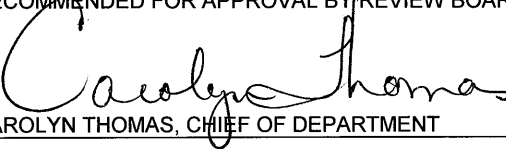
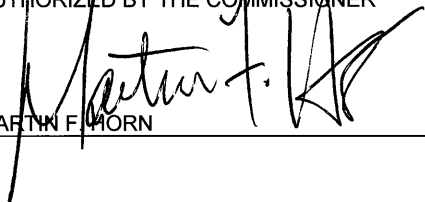
Employee Signature : _____ Date : _____



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED			SUBJECT		
EFFECTIVE DATE 02/27/09		*TERMINATION DATE		SICK LEAVE REGULATIONS FOR MEMBERS OF THE UNIFORMED FORCE	
CLASSIFICATION # 2262R	SUPERSEDES see below	DATED 02/14/00	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER			AUTHORIZED BY THE COMMISSIONER		
 CAROLYN THOMAS, CHIEF OF DEPARTMENT SIGNATURE			 MARTIN F. HORN SIGNATURE		

REVISION NOTICE

- A. Directive #2262R, entitled SICK LEAVE REGULATIONS FOR MEMBERS OF THE UNIFORMED FORCE, dated 2/14/00 is hereby amended as follows:

Remove Attachment C (Form #HM 1-87) and replace with new Attachment C (Form #HMD-3), dated 02/01/09.

- B. All other provisions of Directive #2262R remain in full force and effect.



**THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION**



**HEALTH MANAGEMENT
DIVISION**

1 LEFRAK CITY PLAZA
REGO PARK, N.Y. 11368
718-595-2500

Form # HMD-3
Eff. Date: 2/1/09

TREATING PHYSICIAN'S SUMMARY REPORT

Dear Doctor,

Kindly allow your patient to hand carry the following information to us. It is essential for us to evaluate his/her fitness for duty. This form **must** be returned to the evaluating physician at **Health Management Division** upon the patient's next appointment.

MUST BE FULLY COMPLETED BY TREATING PHYSICIAN:

Patient's current complaint: _____

Diagnosis (Please include positive findings) : _____

Prescribed treatment (Indicate all test(s) given and medication(s) prescribed) : _____

Specific prognosis as of this date: _____

Please specify limitations: _____

Expected duration of limitations _____

Date of this exam :	Time patient arrived for this <small>(circle one)</small> exam: _____ A.M. P.M.	Time patient left after this <small>(circle one)</small> exam: _____ A.M. P.M.	Office phone no.
---------------------	---	--	------------------

Physician's Name : (please print)	Physician's license no. & DEA no. :
-----------------------------------	-------------------------------------

Office address : (street, city, zip code)	Physician's Signature :
---	-------------------------

THIS SECTION MUST BE COMPLETED BY EMPLOYEE: (FORM WILL NOT BE ACCEPTED UNLESS FULLY COMPLETED, SIGNED AND DATED)

Name : (last name, first name) (please print)	Shield No. :	SS # :
---	--------------	--------

Date of accident or illness:	First day of treatment for this accident/illness:	Command:
------------------------------	---	----------

MEDICAL INFORMATION RELEASE: I hereby authorize the release of the above requested information by affixing my signature.

Employee Signature : _____ Date : _____