

Risk Management

What is the deal with Industrial Leave?

Why do we have it?

The Workers' Compensation system provides injured employees certain benefits to help minimize the impact a work injury has on their lives. One of the benefits is called "Temporary Disability." The purpose of this benefit is to compensate an employee who loses time from work because of their injury.



Temporary Disability vs Industrial Leave

Temporary Disability is the state-required minimum for wage replacement benefits. It is equal to 2/3 of an employee's gross wages (subject to a minimum and maximum).

Industrial Leave is a City policy that enhances this benefit to the employee's full, regular salary. "An employee cannot supplement industrial leave payments with accrued sick leave, annual leave, or compensatory time off to exceed full salary."

Employees will continue to accrue annual leave, and the City will continue its contributions as normal





What are the rules?

Industrial Leave is governed by AR 63.00 (<https://www.sandiego.gov/humanresource/resources/ar>)

- AR 63.00 applies to all employees except Police, Fire, and Lifeguards
- Employee must report injury to supervisor within 24 hours of the incident, except under extenuating circumstances
- Employee is placed off work or light duty is unavailable to them

CITY OF SAN DIEGO
ADMINISTRATIVE REGULATION

SUBJECT INDUSTRIAL LEAVE	Number 63.00	Issue 5	Page 1 of 12
	Effective Date August 31, 2015		

1. PURPOSE
To establish regulations and guidelines regarding the City of San Diego's Industrial Leave Program.
2. SCOPE
 - 2.1. This regulation applies to all City of San Diego employees.
 - 2.2. If a conflict occurs between this regulation and an existing Memorandum of Understanding for employees represented by a bargaining unit, the Memorandum of Understanding shall prevail.

What are the rules?

- Except in a case of emergency, IL will not be authorized if the disability resulted from failure to wear PPE, their seatbelt, or follow safety rules



How Long Does It Last?

- IL begins on the first workday following the injury.
- 2080 hours – number of hours equivalent to the employee’s scheduled work-year
- IL can be used in broken periods and for office visits. All hours are tracked via their timecard, which we then import from SAP. Timecard accuracy is vital.



How Long Does It Last?

- IL will terminate when an employee reaches 2080 hours or:
 - When they fail to follow the advice of their doctor
 - When their condition becomes “Permanent and Stationary”
 - If it is medically determined that the employee will never be able to perform their duties
 - If the employee is engaged in outside work that could impede their recovery
 - If they fail to appear at a medical exam without a reasonable excuse



Roles and Responsibilities of Supervisors

- Research shows returning EE to work sooner shortens length of claim
 - Donald E. Shrey, Ph.D. and his co-author wrote a book in which they explain how vital “early return to work” is to maintaining the “occupational bond”
 - An article by Edward Bernacki published in the Journal of Occupational and Environmental Medicine showed that costs can be significantly reduced where communication between all parties is consistent - 45(5):508-16
 - AR 63 states “All reasonable efforts shall be made to return the employee to work even in a light -duty status, as soon as possible, based upon authoritative medical advice, it is safe to do so.”



- AR 75.40 states “If an employee notifies his or her regular immediate supervisor of medically required work restrictions, the supervisor will work with the Coordinator to determine if a TLD assignment is necessary and available.”

****Identifying light duty opportunities and maintaining a robust light duty program will drastically reduce, and sometimes eliminate, long term Industrial Leave payments.**



Roles and Responsibilities of Supervisors

- Investigate each accident within 24 hours of being reported and report the injury to Risk Management via the Call-In Center by dialing 1-800-427-7980
- Provide the employee with a claim form and the RM 1634 (work status form)
- Please check in with your employees. Track their appointments and assure they supply you with an RM 1634 after each appointment.
- Ask your employees how they are doing. We aren't asking for their HIPAA protected information. We are just checking in to see how their morale is and what we can do to help.
- Please call us with any questions!

State of California
 Department of Industrial Relations
 DIVISION OF WORKERS' COMPENSATION



Estado de California
 Departamento de Relaciones Industriales
 DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above	Empleado—complete esta sección y note la notación arriba.
1. Name. <i>Nombre.</i> _____	Today's Date. <i>Fecha de Hoy.</i> _____
2. Home Address. <i>Dirección Residencial.</i> _____	
3. City. <i>Ciudad.</i> _____	State. <i>Estado.</i> _____ Zip. <i>Código Postal.</i> _____
4. Date of Injury. <i>Fecha de la lesión (accidente).</i> _____	Time of Injury. <i>Hora en que ocurrió.</i> _____ a.m. _____ p.m.
5. Address and description of where injury happened. <i>Dirección/lugar dónde ocurrió el accidente.</i> _____	

Claim form can be found at:
<https://www.dir.ca.gov/dwc/dwcform1.pdf>

Additional information can be found at:
<https://www.dir.ca.gov/dwc/employer.htm>

Roles and Responsibilities of Injured Worker/Employee

- Report the injury or illness to your supervisor within 24 hours
- The employee must complete Form RM-1634, Medical Status Report for Occupational Injury or Illness after each appointment
- Must follow a course of treatment which will lead to recovery in as short a period as possible
- If requested during prolonged Disability, a fully completed set of Form RM-1634, including the Physician's certification, shall be provided by the employee for each pay period in order to obtain up to-date medical information.



Roles and Responsibilities of Injured Worker/Employee

- Employees can appeal Industrial Leave denials
 - “The appeal shall be in writing, submitted to the Mayor or their designee within ten (10) working days of receipt of the notice of denial and shall state the specific reasons for the employee’s appeal and the issue upon which the appeal is based.”
- Please call us with any questions!
 - <https://citynet.sandiego.gov/my-sd/workers-compensation>
 - 619-236-6395
 - Additional Workers’ Comp. information:
 - <https://www.dir.ca.gov/dwc/injuredworker.htm>

