



# Policies and Procedures

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**Subject: Worker's Compensation – Post Injury  
Light Duty Return to Work Program  
Leave Designation  
Documents**

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dnata is committed to a safe workplace and the prevention of work-related injuries or illness. dnata complies with all state workers' compensation laws that govern work-related injuries and illnesses. Additionally, dnata has developed a Light Duty Return to Work Program to assist all eligible employees who are temporarily unable to return to regular duties as a result of an employment-related injury or illness (the term 'injury' will be used to reference 'injury and illness'). Please remember to maintain the confidentiality of employee medical information as per company policy and disclose information only as necessary and to those that have a need to know. Failure to do so is a violation of Company policy.

Human Resources, Admins., Managers/Supervisors and Safety are responsible for the administration and compliance of these procedures at their local Stations.

The following provides guidelines for the administration of Worker's Compensation related injury or illness and the company's Light Duty Return to Work Program.

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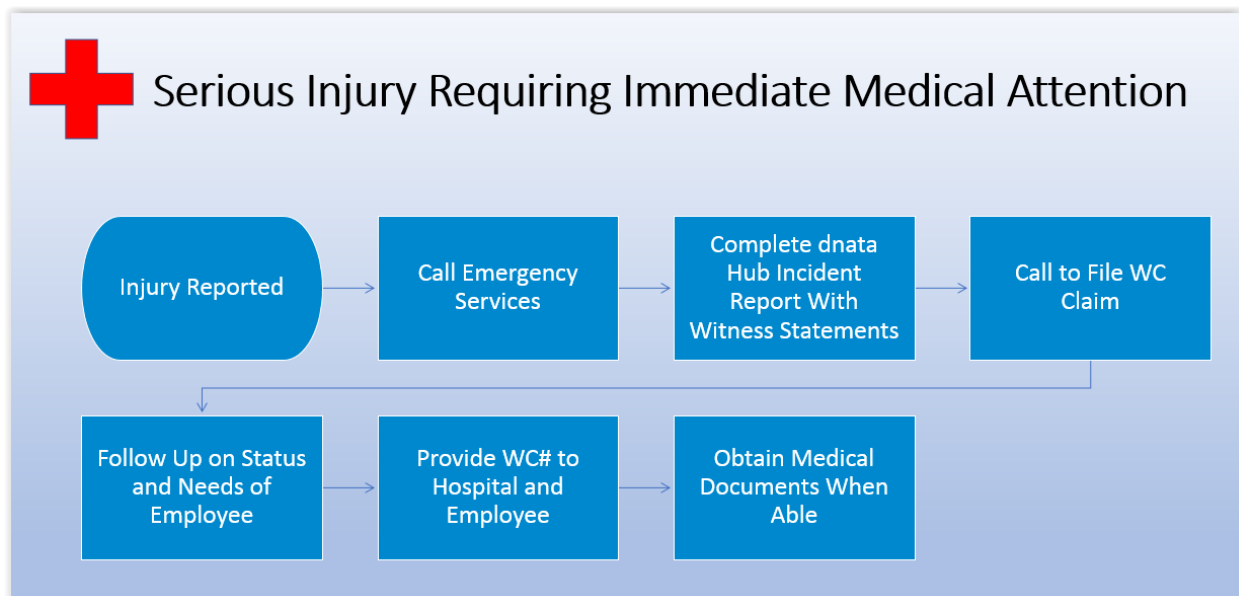
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## Post-Injury Process Maps

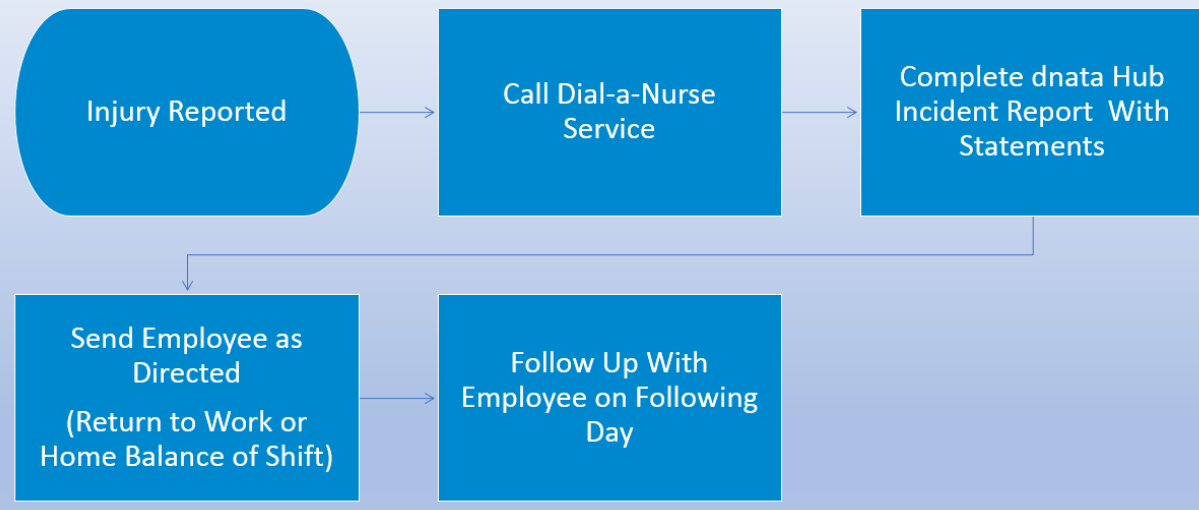
The following process maps depict the step-by-step procedures in sequence when addressing a work-related injury. The three process maps depict:

- Serious Injury Requiring Immediate Medical Attention
- Injury Reported – No Medical Attention
- Injury Reported – Medical Attention



**Note: Call Emergency Services immediately. Do not call Nurse Triage. Will require call to Sedgwick Claim Report Line to report injury.**

## Injury Reported – No Medical Treatment



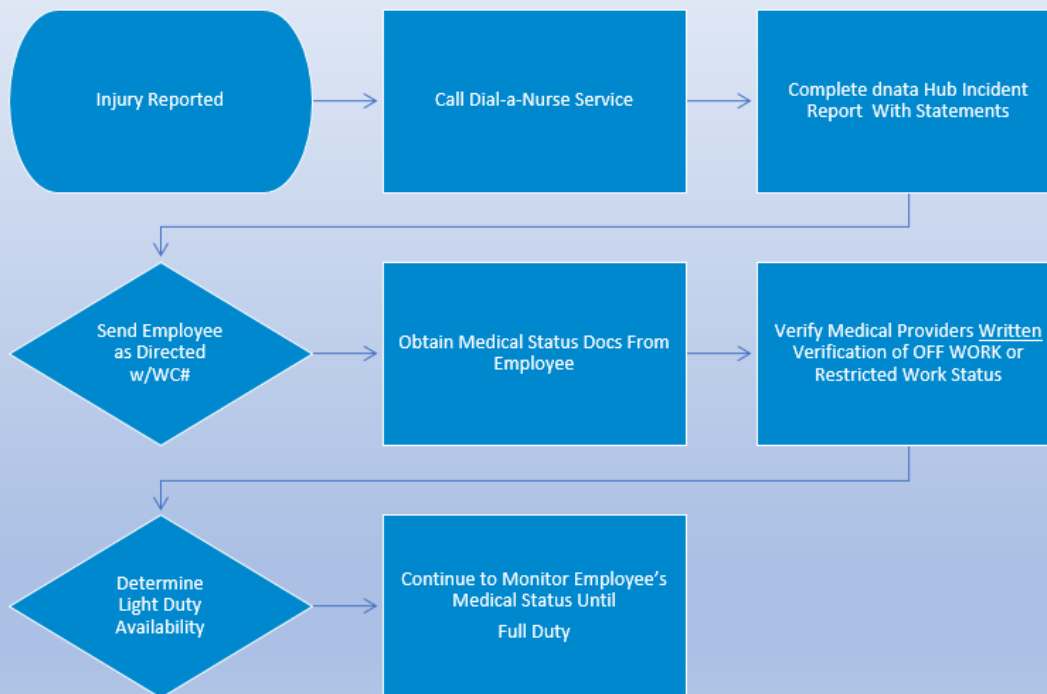
**Note: When an employee reports an injury, the nurse triage line will always be called.**

### Medical Treatment Refusal

If an employee states that they are refusing medical treatment, the nurse triage line will still be called because of the report of an injury. This call is not “treatment”. This call is a medical evaluation. The injured employee can communicate to the nurse on the phone that they do not need medical treatment.

If they communicate to the telephonic nurse that they do not want medical treatment and the telephonic nurse does direct the employee to the clinic or hospital, the employee is required to go for the post-incident drug screen, breath alcohol test and is expected to seek treatment. They may refuse treatment after the drug and breath alcohol test at their own risk.

# Injury Reported – Medical Attention

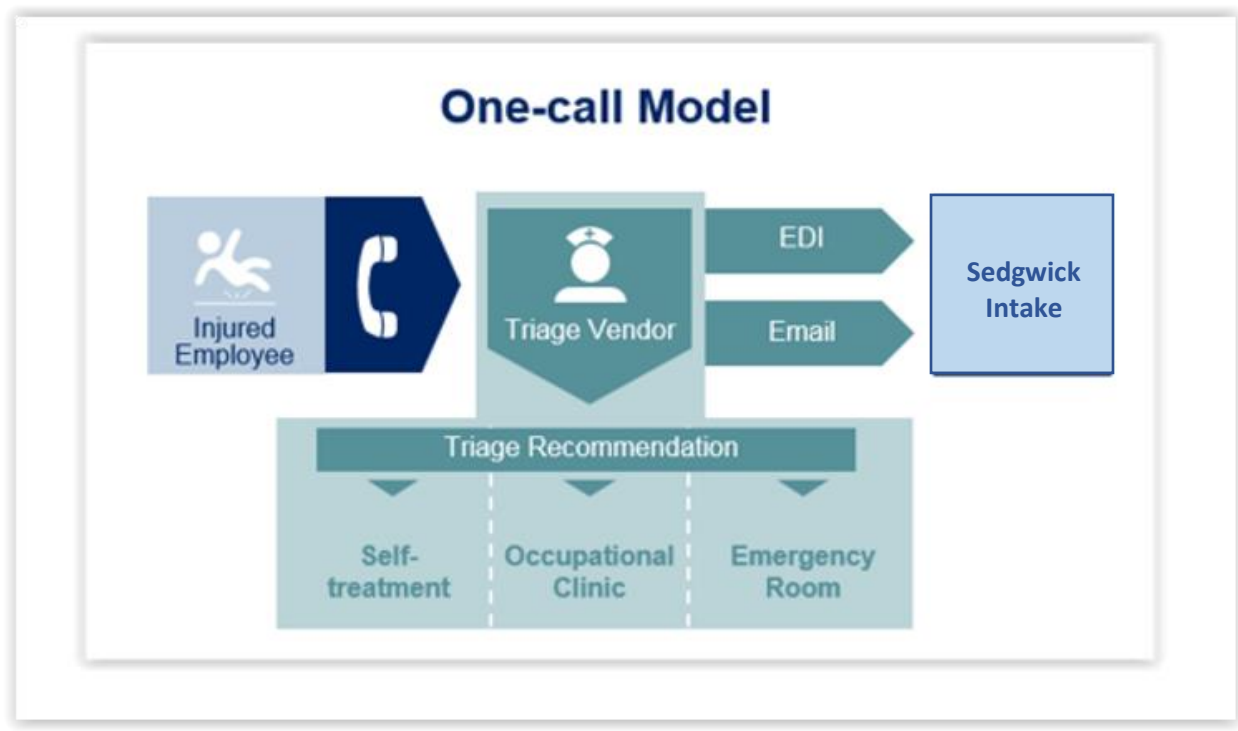


**Note: Call Nurse Triage, complete incident report with statements, obtain medical documentation (no verbal on status)**

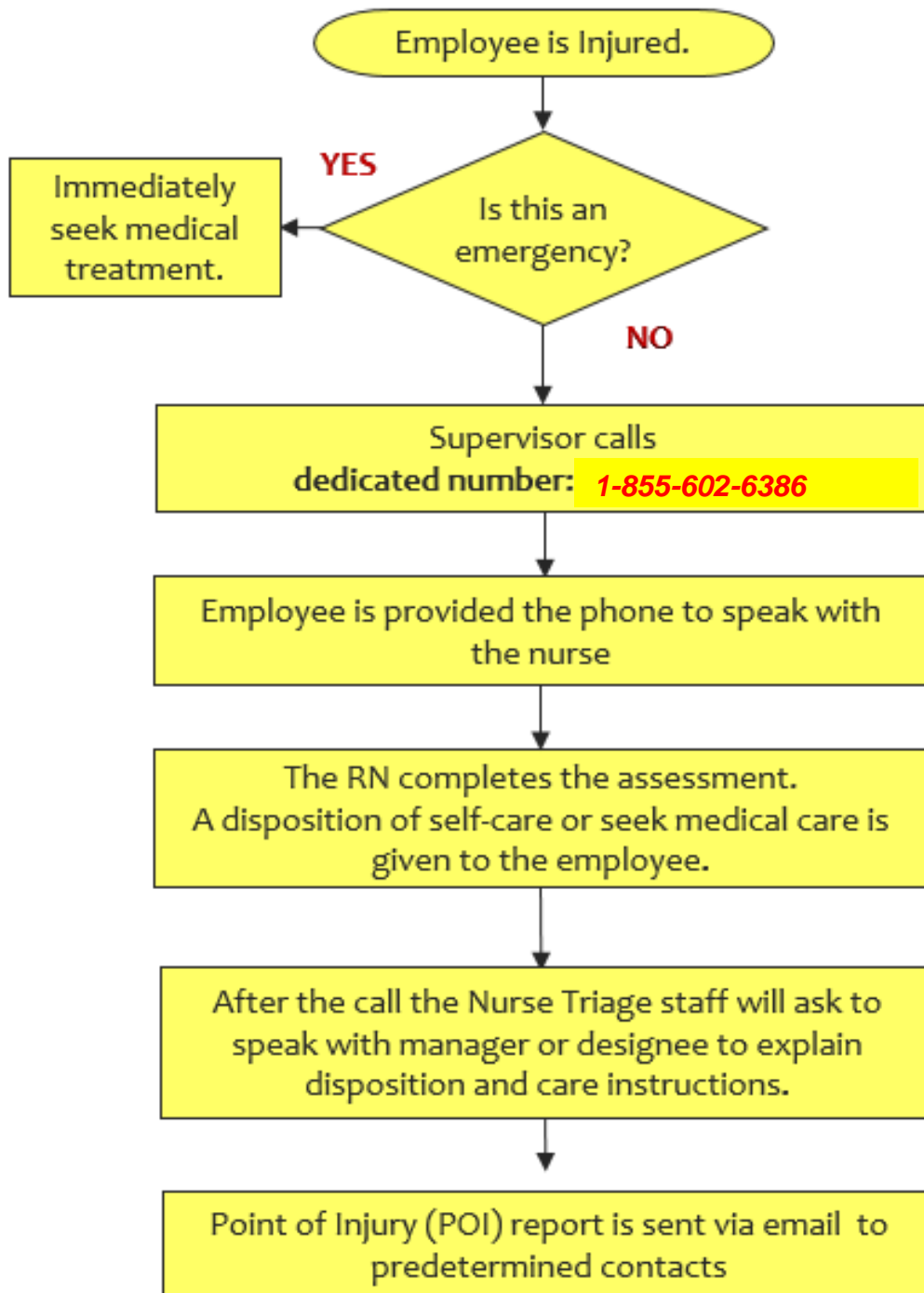
## Sedgwick Nurse Triage

An important part of the Worker's Compensation process is the utilization of the dnata/Sedgwick Nurse Triage program. In addition to the medical benefits that the Nurse Triage program brings to post-injury care, the Nurse Triage process also streamlines the communication with the worker's compensation insurer.

When calling the Sedgwick Nurse Triage phone number, the nurse will collect the necessary information from the injured employee and provide that info needed to establish a claim with the insurer. This will eliminate numerous additional steps necessary to establish a claim and provide needed information on the claim.



# Nurse Triage Process





## Nurse Triage Instructions – What to Expect

When your Employee advises you of their injury, please call **1-855-602-6386** for injury assessment, healthcare recommendation and incident reporting.

In the event of a medical emergency **Do Not Wait** to talk with a nurse – go to the nearest emergency room or call 911.

Here is what you can expect:

- In the rare instance that all nurses are busy assisting other callers, the Employee will have the option to remain on the line or leave a message for call-back from the nurse.
- The Employee will be asked to confirm basic information, such as their Employee ID, last 4 digits of SSN and date of birth.
- Give the Employee privacy to discuss their health concerns with the nurse.
- The Employee will be asked to confirm that the injury is work-related.
- The disposition of care provided by the nurse is based upon the evaluation of symptoms.
- Total call length is generally under 15 minutes.
- If the nurse believes that the Employee should seek medical treatment, the most appropriate provider will be recommended and contacted to let them know that the Employee is on the way.
- A copy of the nurse report will be immediately emailed to the Employee, Supervisor and/or other Ground Services International contact(s), and Sedgwick examiner.
- The nurse will speak with the Supervisor about the recommendation of care that was given to the Employee after the employee evaluation if available. The nurse may then warm transfer the supervisor to the Sedgwick Incident Reporting Center to report the work-related injury if not already reported.
- The Employee will be given the **1-855-602-6386** number, should there be any new symptoms or changes in their condition.
- 24- 36 hours after the call, the Employee will be contacted to determine how they are feeling and complete a satisfaction survey.

## Worker's Compensation Number

When utilizing the Nurse Triage #, a worker's compensation claim # will be generated by the Nurse Triage process. If there is a work-related injury requiring medical attention that is not reported through the Nurse Triage phone line, it may be necessary for dnata station leadership to report the work-related injury to obtain a Worker's Compensation #. The below information is required in establishing the claim:

### Sedgwick Claim Report Line

**1-855-602-6386**

**Option 1: To Speak to a Nurse Case Manager**

**Option 2: If the Employee has already treated and calling to report a new work related injury or illness**

<b>General Information</b>	<ul style="list-style-type: none"><li>• Company Name on Policy – Ground Services International/dnata</li><li>• Sedgwick Client Number: 9353</li><li>• Policy Number: 100 0004178</li><li>• Person Reporting Claim and Contact Info</li><li>• Person that will be Primary Point of Contact</li><li>• State where claim is being reported</li><li>• Station Location code</li></ul>
<b>Employee Information</b>	<ul style="list-style-type: none"><li>• First and Last Name</li><li>• Home Address</li><li>• Phone #</li><li>• SS#</li><li>• Date of Birth</li><li>• Date of Hire</li><li>• Marital Status/Spouse's Name/Number of Dependents</li><li>• Job Title and Employment Status FT/PT</li><li>• Gross Pay per Week</li></ul>
<b>Incident Information</b>	<ul style="list-style-type: none"><li>• Date and Time of Injury</li><li>• Exact Location or Site Code Where Injury Occurred</li><li>• Incident Description</li><li>• Injury Description</li><li>• Witnesses to Incident</li><li>• Concerns about Claim (Questionable or Suspicious)</li><li>• Name, address and phone # of medical provider or hospital</li><li>• Current employee medical status (Light Duty, Off Work, Full Duty)</li></ul>



## dnata Hub Injury Report

With each injury reported, a report will be entered into dnata Hub. In cases where the employee seeks medical attention, the injury will be reported to the company's insurer and a Worker's Compensation # will be obtained.

## Post-Accident/Injury Testing

**Whenever an employee is involved in a work-related injury, there are mandatory procedures that must be followed for drug/alcohol testing, an initial medical visit and any follow up visits for medical care or physical therapy throughout the entire recovery process.**

The company will require a post-incident drug and alcohol test for employees whenever an individual has caused or was involved in a work-related accident involving damage to aircraft or property, when an employee has sustained a personal injury and the employee seeks medical attention, employee causes another employee to sustain an injury, or employee refuses medical treatment, yet their performance is affected (e.g. cannot meet lifting requirements due to injury). Additionally, post-incident drug and alcohol test will also be required when employees have caused or were involved in a work-related fuel spill of ten (10) or more gallons or any amount that is not contained.

Post-incident drug screens and breath alcohol tests are to be administered as soon as possible. Drug screens are to be administered within twenty-four (24) hours of the incident and breath alcohol test within eight (8) hours of the incident. If tests are not administered within the expected timeframes, a documented explanation to the reason is required.

Based on the nature of the accident, consideration will be given in providing transportation to the collection site for anyone involved in the accident. For injuries that require medical attention, employees will remain off-duty until the drug/breath alcohol test results have been received.

**\*Please note: A refusal to test will result in immediate termination. dnata will conduct all post-accident/injury testing in accordance will applicable State/Federal laws.**

## Authorization to Treat Employee Form

To ensure that an employee has been sent by the employer to receive treatment for a work-related injury, an "Authorization to Treat Employee form is to be provided to the injured employee to give to the medical provider. This mandatory form must be utilized for every work-related injury to ensure that the medical provider is aware of where to send billing and to not send directly to the employee.



## Non-Testing Post-Accident/Incident Drug & Alcohol Test Form

This form is to be completed when a post-accident/incident drug test is not administered within twenty-four (24) hours and a breath alcohol test (BAT), is not administered within eight (8) hours. The Non-Testing Post-Accident/Incident Drug and Alcohol Test Form is to be filed with the employee's incident documentation.

Type of Accident/Incident (please  all that apply):

Injury     Equipment Incident     Fuel Spill

Citation Issued:     Yes     No

\*Reason Drug Test was not administered within 24 hours:

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\*Reason Alcohol Test not administered within 8 Hours.

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**\*If administered past the time requirements, please document:**

Reason Tests were administered: \_\_\_\_\_

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Date Administered:

Time Administered:

Name of Collector:

Address:

City, Street:

Telephone No:

## Medical Care

An employee must follow the health care provider's specific instructions for care, restrictions and return to work. You must obtain a copy of the medical evaluation documentation for each medical visit. The medical documentation must address the following work status:

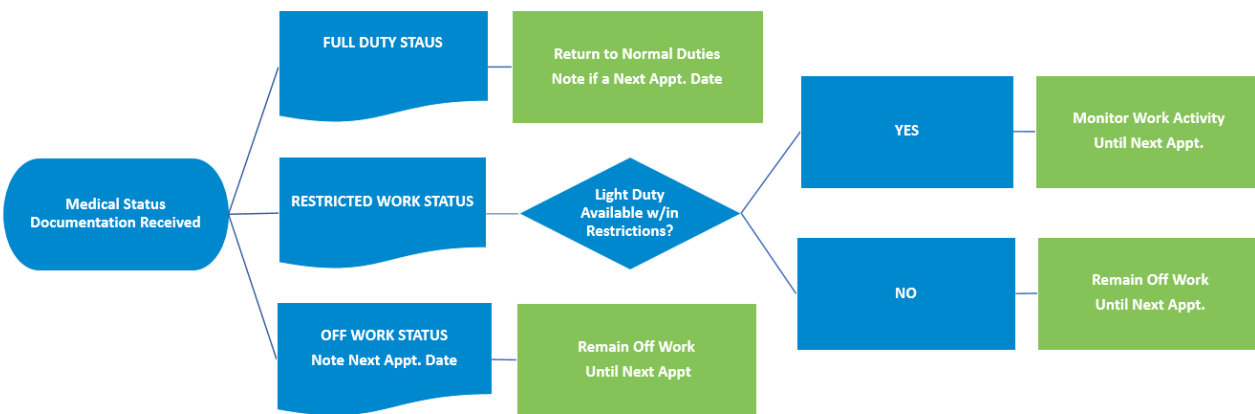
- Released to full duty;
  - Released to Light Duty, if so, restrictions must be noted and expected duration of light duty;
  - Not Fit for Duty (not released to return to work) and expected duration of Not Fit for Duty;
1. The medical documentation must be presented [depending on the location] to Human Resources, Admin, or Manager/Supervisor within **24 hours** after the appointment. This is to be hand delivered or emailed.

### **PLEASE NOTE:**

- a. **Full Duty** - If released to FULL DUTY, the employee is required to report to work on your next scheduled shift. The medical provider's release must indicate that you are fully released to return to work performing your primary job functions and the date of your release. You must report to your Station's Human Resources/Administration Office. If the employee does not return to work after being released to FULL DUTY status, each day is considered as an "Unexcused Absence" or a "No Call/No Show" in accordance with the attendance policy.
- b. **Light Duty** - If placed on LIGHT DUTY with work restrictions, the restrictions will be reviewed by the HR/Administration Office, and accommodations will be considered. **\*Please refer to the Light Duty Return to Work program section of the policy.**
- c. If an employee reports to their shift without being cleared to do so by HR/Administration Office, they will be sent home.
- d. **Not Fit for Duty** – If it has been determined that the injured employee is NOT FIT FOR DUTY, the employee must report to the HR/Administration Office after their appointment to surrender their ID badge. Injured employees are required to make all appointments listed on the medical documents. If they cannot make their appointment, they **MUST** reschedule their appointment and contact the HR Department immediately with the new appointment date. If the injured employee misses any appointments, it will be considered an "Unexcused Absence" or a "No Call/No Show" in accordance with the attendance policy. **Note: If the injured employee is classified as Not Fit for Duty, the employee will be placed on a Leave of Absence. If the employee qualifies for Family Medical Leave, the Worker's Compensation will run concurrently with FMLA. While an employee is on a Worker's Compensation Not Fit for Duty Status for which they are receiving Worker's Compensation benefits, they are ineligible to receive additional income from the company's paid time off program. In administering a Leave of Absence, coordinate with Human Resources to ensure compliance.**

## Medical Status Process Map

The below diagram shows the procedural flow of how to handle the employee in getting them back to work. Medical status is only accepted in writing from the medical provider. A verbal communication is not acceptable method for basing work status.



## Light Duty Return to Work Program

### Purpose:

To provide suitable modified work while an employee is recovering from a Workers' Compensation injury/illness. Providing modified work enables the employee to remain active during recovery, remain engaged in the workplace and provides work and activity in accordance with medically prescribed temporary work restrictions.

### Scope:

Once an employee has been medically released to return to light duty, this procedure will be followed. For the most part, the restrictions approved by the treating physician will be accommodated, however, some conditions cannot be allowed and returning to work in a light duty or full capacity after injury will have to be delayed until these conditions have been eliminated:

- 1) Injury resulting in symptoms that require the use of narcotic pain medication during work hours.
- 2) Any use of an assistive device such as crutches, cane or walker.
- 3) Any condition or situation which, in the opinion of the Safety Manager, would create a hazardous situation for either the employee, the public or co-workers.

This policy applies to temporary, transitional work restrictions needed to facilitate recovery and return to work. This policy does not apply to Permanent Work Restrictions determined to exist by the treating or evaluating physician after an injured employee has reached Maximum Medical Improvement following an injury. Permanent Work Restrictions will be reviewed using a different process.



## Procedure

When the employee or dnata has been advised by the treating physician that the injured employee can return to work on light duty, specific work restrictions must be provided by the treating or evaluating physician in writing. Light duty typically involves either (1) excusing an employee from performing the essential functions of his or her job or (2) creating a new position, on a temporary basis, for the employee. Please Note: Light Duty jobs are intended to be temporary positions and are to be reevaluated after every medical appointment to ensure that the medical restrictions allow the injured employee to continue that specific light duty function. The designated dnata representative will review the work restrictions thoroughly with the employee and the employee's supervisor and/or Manager to determine if a light duty assignment is available that complies with the work restrictions. Once the light duty work assignment has been approved, the employee will be notified. No light duty work assignment can begin without the prior knowledge and approval of the designated dnata representative.

As soon as possible after the light duty work assignment has been identified, a Light Duty Return to Work Assignment will be provided by designated dnata representative (representative designated by the Station Manager), which must be signed by the injured employee, the injured employee's supervisor. Each time there is a change in work restrictions or departmental assignment, a new Modified Work Agreement will be required.


**Please Note: The injured employee and the supervisor are required to comply with all work restrictions that are prescribed by the treating physician throughout the modified work assignment. Failure to adhere to the prescribed work restrictions is a violation of dnata's safety policies and may result in disciplinary action.**

All initial light duty work assignments will be reviewed after 30 days if there has been no change in the work restrictions. Depending on the needs of the department to which the injured employee is assigned, the current or expected work restrictions prescribed by the treating physician and/or the status of the injured employee's recovery, the light duty work assignment may then be extended to 90 days. If the assignment is extended, the employee's light duty work status will be reviewed after the next medical appointment.

Light duty assignments are generally expected to be temporary and not to extend beyond 90 days. However, if the employee has still restrictions at 90 days, the Company must review the employee's functional limitations and engage in an interactive process. The interactive process means engaging in discussion with the employee in order to determine whether the person is a qualified individual with a temporary or permanent disability, how the limitations might limit the employee from performing the essential duties of their job, and if reasonable accommodation exists/is appropriate.

The Company must not terminate employees who have been on Light Duty **(or who have returned from FMLA for their own health condition or worker's compensation leave)** for 90 days and still have limitations without first engaging in the interactive process and determining whether an accommodation is reasonable and necessary under the circumstances. Always contact human resources to guide the continued interactive process to determine if a disability then exists and, if so, if a reasonable accommodation can be made.

If it is determined that the light duty assignment can no longer be provided and/or no reasonable accommodation is available after the employee and employer have engaged in a documented interactive process if the ADA is applicable, the employee will be notified by the designated dnata representative and the employee will be required to be off work



and on Workers' Compensation benefits until the treating or evaluating physician has either modified the work restrictions (triggering another interactive process) or released the employee to full duty. When the employee has been notified by the treating physician that he/she has a change in restrictions or can return to full duty, the employee must provide the documentation reflecting the same signed by the physician to the designated dnata representative.

Modified work letters will be kept in a separate file from personnel files and all updates are to be emailed to applicable Operations Managers/Supervisors.

## **Documents Provided to Injured Employee**

- 1. Attendance Policy**
- 2. Leave of Absence Policy/FMLA Policy**
- 3. Leave of Absence Request Policy/Form**
- 4. Authorization to Treat Employee**
- 5. Pharmacy First Fill Form (English)**
- 6. Pharmacy First Fill Form (Spanish)**
- 7. Physical Capacity Evaluation Form**
- 8. Light Duty Return to Work Assignment Letter**



## **dnata ATTENDANCE POLICY**

Attendance Violations are defined as Unexcused Absences and/or three tardiness within a rolling calendar year. An attendance violation will not be removed from an employee's attendance record for one year after the occurrence of the violation. The following progressive discipline is to be enforced for Attendance Violations and the year is counted from the first attendance violation:

One Attendance Violation	Written Reprimand
Two Attendance Violations within one-year	Written Warning
Three Attendance Violations within one-year	Written Final Warning

16 Printed Copies are for Reference Only

v0222204

Four Attendance Violations within one-year

Termination

Note: If the employee is absent, due to an unforeseen medical emergency that prevented the employee from advising the Company of their absence, does not have Paid Time Off available or chooses not to use Paid Time Off and the employee provides documentation from the medical provider to their Manager, the absence will be considered an official absence. The employee will not be paid for the time-off.

**NO CALL/NO SHOW**

When an employee fails to notify their Manager (or designee) directly (not thru proxy) that they will not be present for the next scheduled shift a minimum of four (4) hours before the start time of that shift, it is considered a NO CALL/NO SHOW. This is a **very serious infraction** on the part of the employee and is considered a willful disregard for the Company's interest. This action will result in **serious discipline including termination**.

If during Probation Period = Termination  
Following the Probation Period = Written Warning  
2<sup>nd</sup> Infraction during a 12-month Period = Termination

**TARDY**

Tardy is defined as being seven (7) or more minutes late for any scheduled shift. All tardy occurrences are documented and become part of the employee's personnel records. Any three (3) tardy occurrences within a rolling calendar year constitutes an attendance violation and will be handled in conjunction with any unexcused absences. After three tardy occurrences in a rolling calendar year and upon receipt of the attendance violation, those tardy occurrences identified that produced the violation will not be counted towards a future attendance violation. A fourth tardy will begin the count towards a new attendance occurrence.

One Attendance Violation	Written Reprimand
Two Attendance Violations within one-year	Written Warning
Three Attendance Violations within one-year	Written Final Warning
Four Attendance Violations within one-year	Termination

**I have read and understand the dnata Attendance Policy. I also understand that any attendance violation may result in a disciplinary action, up to and including my termination.**

**Print Name:** \_\_\_\_\_  
**(Employee)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_


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**Leave of Absence (LOA)**

The Company recognizes the need of employees to be absent from their scheduled position for exceptional circumstances. Leaves of absence have been developed to accommodate this needed time off.

Employees must be eligible and submit requests for leaves of absence to be approved by the employee's Manager, requests must be in writing. Unless it is an emergency, all requests for leaves should be made within reasonable period prior to the commencement of the leave.





A leave of absence (LOA) is defined as an approved absence from work for a specified period for medical, parental, military or personal reasons. Proper documentation must be provided. If you have payable time, you will be required to use your payable time bank.

The Company complies with all requirements of the Family and Medical Leave Act of 1993 (FMLA). The FMLA provides up to 12 weeks of unpaid leave for eligible employees to care for the employee's child after birth or placement for adoption or foster care; to care for the employee's spouse, son or daughter, or parent who has a serious health condition; or for a serious health condition that makes the employee unable to perform the employee's job. The provisions of the FMLA have been incorporated into the appropriate sections of the employee handbook. Please refer there for further details.

If an employee finds that he or she must be out of work for more than 3 days, the employee should contact the human resources department to determine if a LOA may be necessary.

The maximum amount of LOA time an employee can take in any combination of LOAs is 18 weeks in a 12-month time period measured backward from the date an employee begins a leave of absence (rolling period).

LOAs will start on the date of request or date of need, i.e., not after the exhaustion of HPTO. While on LOA, an employee must contact the human resources department. Certain circumstances may require frequent contact, human resources will determine each request on a case by case basis and make any notifications of more/ less frequent contact. Failure to contact the human resources department as determined by HR, may result in voluntary termination. Failure to return to work upon the expiration of a leave of absence or refusing offer of reinstatement, for which the employee is qualified, will also result in voluntary termination.

If granted a LOA access to all company related accounts will be disabled for the duration of the leave. This includes access to the company email. An alternative email and contact information must be provided to Human Resources prior to taking a LOA. In addition, an out of office must be set for the dnata email account for the duration of time while absent. All email traffic should be forwarded to the appropriate dnata contact.

### **Required Documentation:**

All requests for a LOA must be made on the dnata Leave Request Form and submitted to human resources and the immediate manager. This form can be obtained from human resources. An employee must provide 30 days advance notice when the need for the leave of absence is "foreseeable" for instance, if medical treatments or other events are planned or known in advance. If the leave of absence is not foreseeable, the employee must provide notice to his or her immediate manager as soon as practicable.

Physician certifications supporting the need for a LOA are required within 15 days of the date of request or as soon as practicable for all medical and some parental LOAs. For an extension of a medical leave of

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absence, recertification shall be required. Recertification may also be required in other circumstances. The dnata Return to Work Medical Certification can be obtained from the human resources department and must be completed prior to the anticipated return date and 15 days prior to extending leave (Medical certification is also required if the leave of absence is for the purpose of caring for a family member). Failure to return the appropriate paperwork or failure to contact the human resources department may result in voluntary termination. Failure to return to work upon the expiration of a leave of absence, will also result in voluntary termination.

## **Approval:**

Both the immediate manager and human resources will review the request. Human resources will provide notice to the employee of whether the request was approved and will provide notice if the leave is being designated as FMLA leave.

A leave of absence will not be granted to allow an employee time off to seek employment elsewhere or to work for another employer. Employees who begin employment elsewhere while on LOA, except military reserve duty, are considered to have quit voluntarily.

The employee must continue to pay his or her portion of the benefits which will be made by payroll deductions (when applicable) unless other arrangements have been made.

While on a LOA, employees are required to use any accrued paid time off benefits before unpaid leave begins.

No benefits will be accrued while an employee is on a LOA. Except as otherwise provided by law, time spent on a leave of absence, except for military reserve duty, will not be counted as time employed in determining an employee's eligibility for benefits that accrue based on length of employment.

Anytime an employee is placed on a Leave of Absence, a Change of Status Form will be completed to process the Leave of Absence. A Change of Status Form will also be completed to reinstate the employee upon the return from the Leave of Absence.

## **Family Medical Leave Act**

The federal Family and Medical Leave Act ("FMLA") provides eligible employees the opportunity to take unpaid job-protected leave for certain specific reasons. The maximum amount of leave an employee may use is either 12 or 26 weeks within a 12-month period depending on the reasons for the leave.

### **Employee Eligibility:**

To be eligible for FMLA leave, you must:

1. have worked at least 12 months for the company in the preceding seven years (limited exception applies to the seven-year requirement);
2. have worked at least 1,250 hours for the company over the preceding 12 months; and
3. currently work at a location where there are at least 50 employees within 75 miles.

All periods of absence from work due to or necessitated by service in the uniformed services are counted in determining FMLA eligibility.

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### **Conditions Triggering Leave:**

FMLA leave may be taken for the following reasons:

4. birth of a child, or to care for a newly-born child (up to 12 weeks);
5. placement of a child with the employee for adoption or foster care (up to 12 weeks);
6. to care for an immediate family member (employee's spouse, child, or parent) with a serious health condition (up to 12 weeks);

7. because of the employee's serious health condition that makes the employee unable to perform the employee's job (up to 12 weeks);
8. to care for a Covered Servicemember with a serious injury or illness related to certain types of military service (up to 26 weeks) (see Military-Related FMLA Leave for more details); or
9. to handle certain qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status in the Uniformed Services (up to 12 weeks) (see Military-Related FMLA Leave for more details).

The maximum amount of leave that may be taken in a 12-month period for all reasons combined is 12 weeks, with one exception. For leave to care for a Covered Servicemember, the maximum combined leave entitlement is 26 weeks, with leaves for all other reasons constituting no more than 12 of those 26 weeks.

### **Definitions:**

A "Serious Health Condition" is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement includes an incapacity of more than three full calendar days and two visits to a health care provider or one visit to a health care provider and a continuing regimen of care; an incapacity caused by pregnancy or prenatal visits, a chronic condition, or permanent or long-term conditions; or absences due to multiple treatments. Other situations may meet the definition of continuing treatment.

A "spouse" is the other person with whom an individual entered into marriage as defined or recognized under state law for purposes of marriage in the state where the marriage was entered into or, in the case of a marriage entered into outside of any state, if the marriage is valid in the place where entered into and could have been entered into in at least one state. This definition includes an individual in a same-sex or common law marriage that either: (1) was entered in a state that recognizes such marriages, or (2) if entered outside of any state, is valid in the place where entered and could have been entered in at least one state.

### **Identifying the 12 Month Period:**

The 12-month period in which 12 weeks of leave may be taken is the calendar year. For leave to care for a covered servicemember, the company calculates the 12-month period beginning on the first day the eligible employee takes FMLA leave to care for a covered servicemember and ends 12 months after that date. FMLA leave for the birth or placement of a child for adoption or foster care must be concluded within 12 months of the birth or placement.

### **Using Leave:**

Eligible employees may take FMLA leave in a single block of time, intermittently (in separate blocks of time), or by reducing the normal work schedule when medically necessary for the serious health condition

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of the employee or immediate family member, or in the case of a covered servicemember, his or her injury or illness. Eligible employees may also take intermittent or reduced-scheduled leave for military qualifying exigencies. Intermittent leave is not permitted for birth of a child, to care for a newly-born child, or for

placement of a child for adoption or foster care. Employees who require intermittent or reduced-schedule leave must try to schedule their leave so that it will not unduly disrupt the company's operations.

### **Use of Accrued Paid Leave:**

The Company will require you to use accrued paid leave (such as sick leave, or HPTO), concurrently with some or all your FMLA leave. In order to substitute paid leave for FMLA leave, an eligible employee must comply with the company's normal procedures for the applicable paid-leave policy (e.g., call-in procedures, advance notice, etc.).

### **Notice and Medical Certification:**

When seeking FMLA leave, you are required to provide:

1. Enough information for us to determine if the requested leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Enough information may include that you are unable to perform job functions, a family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. You must also inform the company if the requested leave is for a reason for which FMLA leave was previously taken or certified."

If the need for leave is foreseeable, this information must be provided 30 days in advance of the anticipated beginning date of the leave. If the need for leave is not foreseeable, this information must be provided as soon as is practicable and in compliance with the company's normal call-in procedures, absent unusual circumstances.

2. Medical certification supporting the need for leave due to a serious health condition affecting you or an immediate family member within 15 calendar days of the company request to provide the certification (additional time may be permitted in some circumstances). If you fail to do so, we may delay the commencement of your leave, withdraw any designation of FMLA leave or deny the leave, in which case your leave of absence would be treated in accordance with our standard leave of absence and attendance policies, subjecting you to discipline up to and including termination. Second or third medical opinions and periodic re-certifications may also be required;
  10. periodic reports as deemed appropriate during the leave regarding your status and intent to return to work; and
  11. medical certification of fitness for duty before returning to work, if the leave was due to your serious health condition. The company will require this certification to address whether you can perform the essential functions of your position.

Failure to comply with the foregoing requirements may result in delay or denial of leave, or disciplinary action, up to and including termination.

### **Employer Responsibilities:**

To the extent required by law, the company will inform employees whether they are eligible under the

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FMLA. Should an employee be eligible for FMLA leave, the company will provide him or her with a notice that specifies any additional information required as well as the employee's rights and responsibilities. If employees are not eligible, the company will provide a reason for the ineligibility. The company will also inform employees if leave will be designated as FMLA-protected and, to the extent possible, note the amount of leave counted against the employee's leave entitlement. If the company determines that the leave is not FMLA-protected, the company will notify the employee.



## **Job Restoration:**

Upon returning from FMLA leave, eligible employees will typically be restored to their original job or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions.

## **Failure to Return After FMLA Leave:**

Any employee who fails to return to work as scheduled after FMLA leave or exceeds the 12-week FMLA entitlement (or in the case of military caregiver leave, the 26-week FMLA entitlement), will be subject to the company's standard leave of absence and attendance policies. This may result in termination if you have no other company-provided leave available to you that applies to your continued absence. Likewise, following the conclusion of your FMLA leave, the company's obligation to maintain your group health plan benefits ends (subject to any applicable COBRA rights).

## **Extended Medical Leave:**

Eligible employees may apply for extended medical leave if he/she has exhausted all other available leave to which they are entitled, and it is determined such leave is appropriate and medically confirmed that they will be able to return to duty, with or without a reasonable accommodation, by an acceptable date in the reasonably foreseeable future. The application and supporting documentation must be timely received by the company. Failure to cooperate or timely submit requested information will result in ineligibility for consideration or cancellation of leave if previously granted.

Employees who take such extended medical leave are not guaranteed to be returned to work or reinstated to a job, rate of pay, or shift at the end of his/her extended medical leave. However, the company will attempt to return an employee to his/her regular position if it is available. If it is not available at the time reinstatement is sought, the company will attempt to place the employee in a similar job for which he/she is qualified, if such job is available. Employees on extended medical leave may maintain his/her insurance benefits, subject to policy terms and conditions, by paying the applicable COBRA premiums in a timely manner. Employees on extended medical leave do not accrue any additional employee benefits such as paid time off while on extended medical leave.

## **Other Employment:**

The company generally prohibits employees from holding other employment. This policy remains in force during all leaves of absence including FMLA leave and may result in disciplinary action, up to and including immediate termination of employment.

## **Fraud:**

Providing false or misleading information or omitting material information in connection with an FMLA leave will result in disciplinary action, up to and including immediate termination.

*\*dnata reserves the right to modify, amend or terminate any policies, procedures or benefits at any time\**

# ***Leave of Absence Request Form***

***To be completed by the employee:***

Location: \_\_\_\_\_ Date of request: \_\_\_\_\_ Employee name: \_\_\_\_\_

Employee #: \_\_\_\_\_ Job title: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Employee status: ( ) Exempt ( ) Nonexempt ( ) Full time ( ) Part time

Requested leave dates (mm/dd/yy): \_\_\_\_\_ to \_\_\_\_\_

Reason for the leave of absence (Appropriate documentation must be provided):

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I have read and fully understand the information contained in dnata's Leave of Absence Policy (please refer to the dnata Employee Handbook for full details).

\_\_\_\_\_  
Employee signature Date

**To be completed by Station Admin/HR:**

Leave request is: \_\_\_\_ Approved \_\_\_\_ Not approved

If not approved, provide an explanation: \_\_\_\_\_

\_\_\_\_\_.

Station Admin/HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's last day worked: \_\_\_\_\_ Employee's return-to-work date: \_\_\_\_\_

(If Applicable) Insurance to be continued and the weekly cost to employee:

Medical	( ) Yes	( ) No	( ) N/A	_____ \$
Dental	( ) Yes	( ) No	( ) N/A	_____ \$
Other: _____	( ) Yes	( ) No		_____ \$

Total [insurance premium](#) due per week: \$\_\_\_\_\_. Insurance premiums will be sent to: dnata, Attn: Payroll, 12124 High Tech Avenue, Ste 200, Orlando, FL 32817. Premium inquiries may be sent to: [Payroll@dnata.us](mailto:Payroll@dnata.us).



### Authorization to Treat Employee

Date:

Employee Name:	
Job Title:	
Location:	
Name/Job Title of Approver:	
Approver Signature:	

To Whom It May Concern:

Please accept this letter as authorization for evaluation and treatment of the employee named above.

*This does not guarantee that benefits will be payable under Workers Compensation coverage. Benefit payments are always subject to a determination by the claim's examiner at the time the service was rendered.*

Submit medical invoices to Sedgwick at: **PO Box 14490 Lexington, KY 40512-4490**

- For claim/bill/payment inquiries: Providers can access viaOne® for Providers at [www.sedgwickcms.com](http://www.sedgwickcms.com) under Provider Resources. The provider will need to register for the site by providing a tax ID number, a valid email address and a 4 digit PIN. For questions regarding submitted bills: Ph: (866) 495-7844.
- Prescriptions written during the initial visit obtained with accompanying Optum Pharmacy form.
- A transitional return-to-work program available for the injured employee. All injuries will be considered for modified work duties. Please perform a physical capabilities evaluation as part of your examination and give it to the Employee to return to their Supervisor.
- Fax treatment requests to the Sedgwick Utilization Review Unit:  
**FAX (877) 922-7236, Ph: (866) 286-0281**
- **For all Sedgwick Specialty Services, contact Provider Connection: 1-87-SEDGWICK (1-877-334-9425).**
  - Physical Therapy
  - Durable Medical Equipment
  - Diagnostics
  - Transportation
  - Translation
  - Dental

Thank you for the service provided to our employee and our company.

## MAKING IT EASY...

### TO GET YOUR WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

#### Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit [tmesys.com](http://tmesys.com).

#### Questions? Need Help?



**1-866-599-5426**

 	
<b>WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM</b>	
<u>Sedgwick</u> <small>CARRIER/TPA</small>	<u>Ground Services Intl, Inc. dba dNATA</u> <small>EMPLOYER</small>
INJURED WORKER NAME _____	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER _____	DATE OF INJURY (YYMMDD) _____
<small><b>Notice to Cardholder:</b> Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: <a href="http://tmesys.com">tmesys.com</a>.</small>	

<p><b>Attention Pharmacists:</b> Call 1-800-964-2531 to establish First Fill benefit eligibility and to obtain the ID# for online adjudication of approved benefits for the injured individual. Tmesys is the designated PBM for this patient.</p> <p style="text-align: center;"><b>Tmesys Pharmacy Help Desk</b>  <b>1-800-964-2531</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;"><u>NDC</u></td> <td></td> <td style="text-align: center;"><u>ENVOY</u></td> </tr> <tr> <td>RxBIN</td> <td style="text-align: center;">004261</td> <td style="text-align: center;">or</td> <td style="text-align: center;">002538</td> </tr> <tr> <td>RxPCN</td> <td style="text-align: center;">CAL</td> <td style="text-align: center;">or</td> <td style="text-align: center;">Envoy Acct. #</td> </tr> </table>		<u>NDC</u>		<u>ENVOY</u>	RxBIN	004261	or	002538	RxPCN	CAL	or	Envoy Acct. #
	<u>NDC</u>		<u>ENVOY</u>									
RxBIN	004261	or	002538									
RxPCN	CAL	or	Envoy Acct. #									

**NOTE:** This First Fill card is only valid for your workers' compensation injury or illness.



#### Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred to as "Optum."

**tmesys**®

IMP14-1614-76\_SEDGWCFDOP



Optum  
 PO Box 152539  
 Tampa, FL 33684-2539

## HACEMOS MÁS SENCILLO...

### EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DECOMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

#### Empleado lesionada:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica bajo costo o sin costo alguno.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.



La mayoría de farmacias, incluyendo Walgreens, nuestro proveedor preferido, y todas las grandes cadenas de farmacias, forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite tmesys.com.

¿Tiene alguna pregunta?  
 ¿Necesita ayuda?



**1-866-599-5426**



**WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM**

Sedgwick PORTADORA	Ground Services Intl, Inc. dba dNATA EMPLEADOR
NOMBRE DEL TRABAJADOR LESIONADO	
Please provide directly to Pharmacist	
NUMERO DE SEGURO SOCIAL	FECHA DE LA LESIÓN (AAMMDD)

Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite tmesys.com.

Attention Pharmacists: Call 1-800-964-2531 to establish First Fill benefit eligibility and to obtain the ID# for online adjudication of approved benefits for the injured worker. Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk  
1-800-964-2531

	NDC	or	ENVOY
RxBIN	004201		002535
RxPCN	CAL		Envy Acct. #

**NOTA:** Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.



#### Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."



IMP14-1014-76\_SEDGWCFOP

# Physical Capacities Evaluation



sedgwick

<b>Patient's Name:</b>		<b>Job Title:</b>	
	<b>Diagnosis:</b>	<b>Date of Service:</b>	<b>Time In:</b>
			<b>Time Out:</b>

*Doctor: This form will be used to make some determinations regarding your patient's ability to perform work-related activities. Please complete the following items based upon your clinical evaluation, the objective medical evidence and diagnostic test results.*

In a typical 8-hour day, the patient can (check full capacity for each activity, numbers indicate hours):

**(PLEASE CHECK # OF HOURS, i.e., 1, 2, 3, etc)**

Activity	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>Special Instructions</u>
Sit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stand:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walk:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drive Vehicles ( <i>Bus/Utility</i> ):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Operate Machinery ( <i>Rail</i> ):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Total hours patient can work</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The patient can perform these physical demands (please check all that applies)

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
<input type="checkbox"/> Lift _____lbs ( <i>indicate maximum # of lbs</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Climb stairs ( <i>climb 2-3 stairs</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Climb flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Climb ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Flex or extend neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Walk on uneven ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Walk on elevated structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Simple grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Can return to full duty – no restrictions**

These restrictions are <b>TEMPORARY</b> and will be reassessed on:	Patient is able to return to full duty within 180 days: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Treatment Facility (please check): <input type="checkbox"/> Occ Med <input type="checkbox"/> Emergency Room <input type="checkbox"/> Personal Physician	Was patient referred to a specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No Next office visit date:
--	---

<b>Print Doctor's Name:</b>	<b>Doctor's Signature:</b>
<b>Telephone Number:</b>	<i>I understand that by signing this form, I am agreeing to furnish a copy to my work location</i>
	<b>Employee's Signature:</b>

## Light Duty Return to Work Assignment

**Employee Name:**

**Current Information:**

Job Title:

Department:

Supervisor:

**Light Duty Restrictions prescribed by treating physician (attach copy of doctor's note):**

Expected Duration of Light Duty Work:

Light Duty work assignments will be provided for a maximum of 90 days. Upon receipt of appropriate medical documentation, extension of the Light Duty assignment may be made if warranted by the recovery status and/or if the work restrictions have been changed.

**Light Duty Job Assignment**

**Closest Applicable Job Title:**

**Department:**

**Supervisor:**

So that the prescribed work restrictions are met, list all accommodations and modifications that are being made to the light duty job indicated above (attached detailed job description if available):

Light Duty is assigned to promote recovery. While on Light Duty work assignment, the employee and supervisor is responsible for ensuring that all work performed is in compliance with the work restrictions listed above and in compliance with all dnata safety rules. Signature below signifies understanding of and agreement to this Light Duty work assignment and the Light Duty Return to Work Policy.

**Employee:** \_\_\_\_\_  
Signature

**Supervisor:** \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

cc: Employee  
Supervisor  
File