



The

Medically Restricted

Program Guide

OC-ALC/OM
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Certified Current 01 JANUARY 2020



OC-ALC/OM MEDICALLY RESTRICTED GUIDE
01 JANUARY 2020

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The purpose of this guide is to outline processes and provide guidance and tools for personnel involved in the Medically Restricted program. The guide outlines responsibility for Light Duty Program Managers, Monitors, Supervisors, Employee Relations, Occupational Medicine Facility and Employees dealing with temporary occupational or non-occupational restrictions that may prevent employees from performing 100 percent of their essential factors.

The Complex Light Duty Managers will be the Light Duty Support Office for the following:

76 MXSG
76 SWEG
OC-ALC Staff Offices

SUMMARY OF CHANGES

This edition has been substantially revised to 1) standardize the format and layout for readability; 2) improve the organization of chapters and content within each chapter; 3) provide additional information, guidance and tools to enable all to understand the Medically Restricted Program.

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CHAPTER 1:
GENERAL PROCEDURES



This Chapter Covers:

- *When An Employee is Injured*
- *OMF Provides*
- *Complex LDP Managers Points of Contact*

CHAPTER 1

1. General Procedures.

1.1. When an employee is injured, both work-related and non-work related, the supervisor sends the employee to Occupational Medical Facility (OMF) for evaluation.

1.2. OMF will provide the employee with a Recommendation for Duty form (RFD) (previously the SGPO-004) outlining work restrictions and next OMF follow-up appointment instructions. The employee will provide a copy of the RFD form to his/her immediate supervisor.

1.3. The supervisor tracks the employee's OMF follow-up date and time, instructions and restrictions. The employee has the responsibility for notifying the immediate supervisor of his/her work status and for appropriately requesting leave when applicable.

1.4. An employee or supervisor may call OMF at 734-3421, to make an appointment. If an employee has a scheduled OMF appointment date and time, and needs to change or cancel the appointment, it is the employee's responsibility to notify their supervisor before contacting OMF to cancel or reschedule the OMF appointment. If the employee is unable to cancel the appointment the supervisor is responsible for cancelling the appointment.

1.5. The Complex Light Duty Managers contact information (A-G) 739-9485, (H-O) 739-9486 and (P-Z) 734-6536.

NOTE: ALL CORRESPONDENCE CONCERNING EMPLOYEES ON MEDICAL RESTRICTIONS WILL HAVE FOUO/PA (FOR OFFICIAL USE ONLY/PRIVACY ACT) IN THE BEGINNING OF THE SUBJECT LINE FOLLOWED BY THE EMAIL SUBJECT. ALL HARD COPIES OF MEDICAL DOCUMENTS CONTAINING FOUO/PA INFORMATION WILL BE COVERED WITH AN APPROPRIATE COVERSHEET.

CHAPTER 2:

REASONABLE ACCOMODATIONS IN THE NEW HIRE PROCESS



This Chapter Covers:

- *Pre-employment Process*
- *Reasonable Accommodation*

CHAPTER 2

2. Reasonable Accommodations in the New Hire Process.

2.1. The Certification of Medical Evaluation, Optional Form 178 (OF-178) is uploaded in SharePoint by the Pre-Employment Team (PET) for the Occupational Medicine Flight (OMF) to view. The applicant is scheduled by OMF for a Physical Evaluation and notified by the PET of the appointment. If the individual is medically qualified, the hiring process continues as usual.

2.1.1. If the applicant has restrictions listed on the OF-178, OMF will annotate “On Hold with Restrictions” in SharePoint. Additionally, OMF will add the original OF-178 with annotated restrictions to the “Initial OF-178” folder under the Reasonable Accommodation Manager (RAM) section in the SharePoint site. The RAM will generate a Medical Restriction Accommodation Form (MRAF) with a two to three business day’s suspense to OCALC.OBM.RPA@us.af.mil workflow box for completion by the selecting official.

2.1.2. If the organization can accommodate the applicant, the RAM uploads the MRAF to the Reasonable Accommodations Form folder in SharePoint. OMF will annotate “Medically Qualified with Restrictions” in SharePoint and on the final OF-178. The hiring process continues as usual.

2.1.3. If the organization states they cannot accommodate the applicant, the RAM uploads the MRAF with appropriate information to the Reasonable Accommodations Form folder in SharePoint. The RAM will process the proposed denial for the Installation Commander’s determination. If the proposed denial is approved, OMF will annotate “Not Medically Qualified” on the final OF-178 and in SharePoint. The PET notifies the staffer and staffing rescinds the job offer. If the proposed denial is disapproved, the RAM facilitates an interactive process and continues processes provided in paragraph 2.1.2 above.

2.1.4. Pre-Employment Team (PET) will:

- Upload the Certification of Medical Evaluation, Optional Form 178 (OF-178) in SharePoint
- Contact applicant to notify of OMF appointment date and time
- PET notifies the staffer of applicant physical results if “Not Medically Qualified”

2.1.5. Occupational Medicine Facility (OMF) will:

- Add the original OF-178 with the annotated restrictions to the “Initial OF-178” folder under the Reasonable Accommodation Manager (RAM) section in the SharePoint site
- Schedule the applicant for a Physical Evaluation and notify the PET of the appointment
- If the applicant has restrictions listed on the OF-178, OMF will annotate “On Hold with Restrictions Temporary or Permanent” in SharePoint

2.1.6. Reasonable Accommodation Manager (RAM) will:

- Generate a MRAF with a two to three business day suspense to OCALC.OBM.RPA@us.af.mil workflow box for completion by the selecting official

CHAPTER 2

- RAM uploads the MRAF to the Reasonable Accommodations Form folder in SharePoint
- If the organization states they cannot accommodate the employee, the RAM uploads the MRAF with appropriate information to the RAF folder in SharePoint

2.1.7. Point of contacts:

- Employee Relations, 739-2262 or 739-7516
- Direct Hiring Authority, 736-3577
- OC-ALC RPA Unit, 739-9470
- Civilian Personnel Office, 739-3401
- Reasonable Accommodations, 739-3875

CHAPTER 3:
PHYSICAL/ENVIRONMENTAL FACTORS CONSIDERATIONS
DURING THE HIRING PROCESS



This Chapter Covers:

- *Use of Direct Hire Authority (DHA)*

CHAPTER 3

3. Direct Hire Authority.

3.1. The use of Direct Hire Authority (DHA) has enabled supervisors and selection authorities to have direct contact with candidates at the onset of the hiring process. This interaction is key as it is the first opportunity for the candidate to understand there are physical and environmental factors associated with the position they are being considered. At this point, it is imperative the candidate fully understands these factors and the supervisor or selection authority's responsibility to ensure these factors are clearly explained. During this conversation, if the candidate identifies any concerns over these factors, they will contact Occupational Medicine Flight (OMF) for further guidance.

3.2. Once a candidate is identified for hire and the Request for Personnel Action (RPA) is submitted, the OC-ALC RPA Unit will make a tentative job offer to the candidate via email. This email will include various informational items, which will include a statement about the physical and environmental factors associated with the tentative job offer. The candidate will accept or decline the tentative job offer by responding to the email. If the candidate identifies any concerns over these factors, the OC-ALC RPA Unit will contact the candidate's hiring group POC, which will contact OMF for further guidance.

3.3. Supervisors will:

- Contact their Employee Relations Specialist for assistance
- List physical and environmental factors associated with position
- Submit RPA for personnel action
- If candidate identifies concerns over factors supervisor will contact OMF for further guidance

3.4. Candidate will:

- Check email daily for tentative job offer and other pertinent information
- Make known all physical and environmental issues they have during the consideration stage

3.5. OC-ALC RPA Unit will:

- Make tentative job offer to candidate via email

3.6. Point of contacts:

- Employee Relations, 739-2262 or 739-7516
- Direct Hiring Authority, 736-3577
- OC-ALC RPA Unit, 739-9470
- Civilian Personnel Office, 739-3401
- Reasonable Accommodations, 739-3875

CHAPTER 4:

MEDICALLY RESTRICTED INJURIES/ILLNESSES



This Chapter Covers:

- *Work Related Injuries/Illnesses*
- *Non-work Related Injuries/Illnesses*
- *Return to Work Determination*
- *Temporary Illness/Injury*
- *Permanent Illness/Injury*

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4. Medically Restricted Injuries/Illnesses. Employee with injuries/illnesses, work related and non-work related, will be sent to Occupational Medicine Facility (OMF) for Recommendation for Duty (RFD) determination. If supervisor is notified by employee they are taking prescribed narcotics, supervisor will contact Employee Relations to determine proper requirements based on the situation.

4.1. Employees will:

- Make and attend an Occupational Medical Facility (OMF) appointment when injury/illness occurs
- Receive RFD from OMF Physician and provide a copy to supervisor
- Provide Private Medical Doctor (PMD) medical documentation and OF-178 to OMF Physician while at OMF appointment
- Ensure their treating physician (off-base) is provided the detailed medical clarification letter provided by the OMF physician for return to full duty evaluation/decision.

4.2. Employees should:

- Notify OMF and supervisor they are using prescribed narcotics

4.3. Supervisors will:

- Provide a copy of the Certificate of Medical Evaluation Optional Form 178 (OF-178) to employee
- Ensure employee is making and attending OMF follow-up appointments
- Ensure appropriate hand-off to gaining supervisor; losing supervisor to include notification of supervisor change to Group LDP Monitor
- Contact ER for proper guidance pertaining to narcotics usage if notified an employee is taking prescribed narcotics

4.4. OMF will:

- Evaluate and review employee's medical documentation
- Provide employee a copy of the completed Recommendation for Duty form (RFD) stating employee's restriction status and any OMF follow-up information
- Physician will provide specific and detailed information to employee on information required when medical clarification is requested.

4.5. Group Light Duty Monitor will:

- Ensure Complex LDP office has current supervisor information for employee
- Receive electronic copy of RFD from Complex LDP office
- Send electronic copy of supervisor questions to supervisor and provide a copy of the completed form to the Complex LDP office within 2 days of receipt of RFD
- Ensure medically restricted employees are attending OMF follow-up appointments and are providing requested documentation in a timely fashion
- Have access to Complex Shared Drive and Complex SharePoint site

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4.6. Complex LDP Manager will:

- Electronically receive RFD from OMF and enter employee information into the LDP database
- Electronically provide Group LDP Monitors with copies of RFD forms

- Enter data provided by supervisor into the database when received from Group LDP Monitors
- Ensure Group LDP Monitors have access to Complex electronic file programs
- Provide data/metrics for Groups containing their organizations information

4.7. Work Related Injuries/Illnesses. Work related injuries/illnesses occur while the employee is on duty and limits their ability to perform the essential factors of their primary position.

4.7.1. If employee chooses on base care, OMF becomes the doctor of record (DOR) and will provide medical care and treatment. OMF will evaluate the employee and determine employee's ability to return to work following an employee's work related injury/illness. If employee needs a referral to a specialist, OMF will schedule referral appointment to off base provider. If the employee receives temporary restrictions, the RFD will be logged by the Complex Light Duty Program (LDP) Manager into the Complex LDP database and tracking of the employee begins and continues until the employee is returned back to full duty or other disposition has occurred. If OMF annotates on the RFD stating the employee is temporary totally disabled (TTD), the employee will be sent home. The employee is responsible for contacting their supervisor to be placed on the appropriate leave code. If the employee files an Injury Compensation claim, the supervisor must refer to Injury Compensation Guide for Supervisors (See Chapter 7, Page 25, for reference.)

4.7.2. If the employee is returned to their work area, the employee provides their supervisor with a copy of the RFD. The supervisor will review the medical restrictions on the RFD to determine if an assignment exists for the employee to perform within the immediate area while on temporary restrictions. If the employee is able to perform a minimum of 50 percent of their essential factors, for at least four hours per day, the employee will stay in their assigned position.

4.7.3. If it is determined an employee cannot perform any essential factors in his/her permanently assigned position, a light duty assignment search will be conducted. Supervisors will work with their Group LDP Monitor to accomplish a job search within their squadron. If there is an assignment found, the Group LDP Monitor will notify the Complex LDP Manager to begin paperwork. If a position is not found in the work area, the Group LDP Monitors will continue to search outward through the squadrons and then to their group utilizing the light duty tasking list for their group.

4.7.4. If an employee is to assume a temporary light duty position other than his/her position of record or is to perform duties other than those listed in his/her officially assigned core document, longer than 30 days, the employee will be placed on a temporary light duty core doc. The Group LDP Monitors will notify Complex LDP Managers to generate a temporary light duty

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assignment notification letter. The letter will be sent to the Group LDP Monitors to process within their organization. The immediate supervisor of record (SOR) and the temporary supervisor will discuss the temporary assignment with the employee. The SOR will present the temporary light duty assignment notification letter to the employee. The employee, SOR and the temporary supervisor will each sign the temporary light duty assignment notification letter and return a copy to their Group LDP Monitor. Group LDP Monitor will provide copies to Complex LDP Managers, SOR, gaining supervisor and employee. The original signed document is placed in the employee's medical folder with the 971 file. The Group LDP Monitor has two business days to return a signed copy of the letter to the Complex LDP Manager's office. Upon assignment to a temporary light duty core doc, employee performance plan, midterm feedback, and annual appraisals will follow the guidelines established by DoDI1400.25V431_AF136.1002.

4.7.5. A copy of the temporary light duty assignment core document will be placed in Part 2 of the employee's 971 file by the SOR and the employee will also receive a copy. The supervisor of record will annotate the taskings/assignments and time frame of the temporary light duty assignment information into supervisors comments sheet in Part 1 of the employee's 971 file. AFI 36-129, Civilian Personnel Management and Administration provides guidance regarding creating, maintaining and storing Employee Work Folders. It is the employee's responsibility to capture the duties of the temporary assignment into their resume. Upon assignment to a temporary light duty core doc, employee performance plan, midterm feedback, and annual appraisals will follow the guidelines established by DoDI1400.25V431_AF136.1002. The midterm and annual feedback appraisals will be filed in the appropriate section of the employee's 971. Supervisor will notify Group LDP Monitor when employee is released from light duty core doc. Group LDP Monitors will notify Complex LDP Managers of release.

4.7.6. If an employee has been on restrictions for five calendar months, the employee's case file will be presented at the bi-weekly OMF Safety, Health and Return to Employment (SHARE) meeting. This is also an opportunity for the employee's supervisor to attend a SHARE meeting. If a supervisor has an employee they would like to discuss, the supervisor will contact their Group LDP Monitor who will notify the Complex LDP Managers. When an employee has been Temporary Totally Disabled for 10 months AFPC/IC will notify employee of benefit status.

4.7.7. If OMF annotates the RFD indicating the employee's restrictions appear to be permanent, Complex LDP Managers will notify Group LDP Monitors. Group LDP Monitors will contact the SOR requesting they contact Employee Relations Specialist to prepare a Medical Clarification Letter (MCL) (See Chapter 9, page 33 for reference). The supervisor will provide the employee the MCL and allowed 15 days to provide additional and updated medical documentation. When the employee has the requested medical documentation, the supervisor provides a copy of the OF-178 to the employee. The employee takes all requested medical documentation and the OF-178 to OMF for review. The supervisor will email the completed Medical Recommendation for Placement appointment request template to OMF. The email will also be copied to the Group LDP Monitors and the Complex LDP Managers.

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The documentation will include the completed Work Restriction Evaluation (WRE), employee's core doc, OF-178, PMD documentation and the Medical Recommendation for Placement (MRP) appointment request letter to OMF (usaf.tinker.72-mdg.mbx.72-amds-sgpo-workflow@mail.mil AND brenda.i.pryor2.civ@mail.mil). The Group LDP Monitor will provide Medical

Recommendation for Placement (MRP) letter template to provide OMF with other employee documentation. OMF will perform a three-physician review of all documents to determine if the employee's medical restrictions are considered permanent or still temporary. OMF will provide an appointment for the employee to return to OMF for discussion of their restrictions. If they are deemed permanent, the supervisor can begin the Physically Disqualified and Referral Program process.

4.7.8. If the employee informs the immediate supervisor he/she is able to return to regular duty, the employee must obtain medical documentation from their PMD and return to OMF for restrictions to be reduced, increased, unchanged or cleared for return to full duty. Just as the OMF physician expects to receive specific and detailed physical factors to perform a proper evaluation; OC-ALC needs the physician to be very specific and detailed when requesting additional physician clarification information from an employee's physician. Since there can be no telephonic physician (OMF) to physician (off-base) communication and each medical condition is unique to the individual, a detailed written physician (OMF) to physician (off-base) communication is vital to returning employees to work in the most expeditious manner possible. OMF may require the employee to sign a release of medical information, requesting a medical report of his/her treatment, which will be sent to his/her personal physician. If the employee is cleared by OMF, the employee will be returned to his/her permanent position.

4.7.9. After seeing OMF Physician, employee sees OMF Nurse Case Manager (NCM). If employee chooses on base care, OMF becomes the doctor of record (DOR) and will provide medical care and treatment. If employee needs a referral to a specialist, NCM will schedule referral appointment to off base provider. If employee chooses off base care, employee schedules his/her own appointment. Employee will attend off base appointment and make an OMF follow-up appointment and bring all medical documentation to that appointment.

4.7.10. If needed, NCM obtains employee signature for Release of Medical Information (ROMI) for off base providers to send medical documentation to OMF. NCM reviews medical documentation and forwards to the Air Force Personnel Center (AFPC)/Injury Compensation.

4.7.11. NCM will provide instructions on how to file a claim utilizing Employee Compensation (ECOMP). Employee may choose to use the available computer in OMF to initiate ECOMP.

4.7.12. Employee will:

- Notify supervisor of injury or illness
- Ensure their treating physician (off-base) is provided the detailed physician clarification letter provided by the OMF physician for return to full duty evaluation/decision

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- Make and attend all required OMF and PMD appointment(s) when injury/illness occurs and while on medical restrictions
- After seeing OMF physician, employee sees OMF Nurse Case Manager (NCM)
- If employee chooses on-base care, NCM will schedule referral appointment to off-base provider as needed
- If employee chooses off-base care, employee schedules his/her own appointment and attends
- Provide supervisor with RFD upon return to work
- Contact supervisor to be placed on the appropriate leave code
- If returned to assigned shop, employee will work within the Recommendation For Duty (RFD) restrictions
- If unable to perform essential factors in shop, may be placed in location to perform light duty task assignments within their medical restrictions

4.7.13. Supervisors will:

- Send employee home if RFD is marked as Temporary Totally Disabled (TTD)
- If the employee files an Injury Compensation claim, the supervisor must refer to Injury Compensation Guide for Supervisors (See Chapter 13, Page 41, for reference)
- Review medical restrictions on RFD to determine if an assignment exists for employee to perform while on restrictions
- Work with ER to prepare a Medical Clarification Letter (MCL), if needed, and ensure Group LDP Monitors are copied on all emails
- Will work with their Group LDP Monitor to conduct a job search
- If employee is placed on a light duty assignment, SOR is responsible with entering employees TAA
- Scan and email documents needed for the medically restricted light duty process
- Ensure all documentation is placed correctly in the employee's 971 and Medical File
- Notify Group LDP Montiros when employee is removed from Light Duty Core Doc
- If permanent restrictions are provided, will prepare PDRP package, if needed

4.7.14. Group Light Duty Program Monitors will:

- Work with supervisor to conduct job searches within the squadrons and their group. If no job assignment exists, the Group LDP Monitor will notify the Complex LDP Managers to contact OMF to request a Functional Capacity Exam (FCE) if indicated
- Utilizing the group light duty task assignments list, employee will be assigned tasks to perform. Group LDP Monitors will notify Complex LDP Managers generate a temporary light duty assignment notification letter
- Ensure all LDP documents are signed and returned to Complex LDP Managers within the suspense time
- Ensure Complex LDP Managers receive copies of any scanned documents being sent to OMF by the supervisor or Group LDP Monitors
- Ensure Complex LDP Managers are notified when MCLs are prepared and given to employees

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- Notify Complex LDP Managers when employees are removed from Light Duty Core Docs

4.7.15. Complex Light Duty Program Manager will:

- Log the RFD form into the Complex LDP database and tracking of the employee begins
- Send temporary light duty assignment notification letter and temporary core doc to Group LDP Monitors to have signed
- Maintain Complex LDP database up-to-date with current information regarding Complex employees
- Manage Complex LDP

4.7.16. OMF will:

- Provide copy of RFD to employee and upload a copy to the Complex LDP Shared Drive
- Make recommendations of work related injury/illness and place employee on temporary medical restrictions or return to full duty
- Provide the employee/patient specific and detailed requirements when requesting additional physician clarification from the treating physician (off-base) for a return to full duty evaluation/decision
- Schedule specialist appointment for employees utilizing OMF physician as treating physician
- Provide employee with information to file an IC claim
- Obtain ROMI from employee, if needed
- Receive and process permanent restriction documentation from supervisors

4.8. Non-work Related Injuries/Illnesses. Non-work related injuries/illnesses occur outside of the employee's duty hours and limits their ability to perform the essential factors of their primary position.

4.8.1. Once the employee notifies the supervisor of a non-work related injury/illness, the supervisor will request the employee be evaluated by OMF. The supervisor will provide the employee with a copy of the OF-178.

4.8.2 The employee contacts OMF to request an appointment with the OMF physicians. The employee provides any medical documentation and a copy of the OF-178 to the OMF physician. OMF physicians will evaluate the employee and provide a copy of the RFD with restrictions to employee. OMF provides an electronic copy of the RFD to Complex LDP Managers. If there is a discrepancy in what OMF recommends verses what the PMD states as the diagnosis and restriction, OMF will contact the PMD for clarification. If there remains a discrepancy in the restrictions, the most restrictive limitations take precedence.

4.8.3. OMF Recommendation for Duty Form (RFD) is generated from the employee's OMF appointment. The evaluation will include verification of medical documentation from the employee's Private Medical Doctor (PMD). Completion of the verification requires the

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employee bring OMF all applicable medical information/documentation from their PMD and a copy of their OF-178. Additionally, the employee is requested to sign a Release of Medical Information Release form allowing OMF to contact their PMD for clarification, or to obtain additional documentation, regarding the specific injury, which restricts the employee's ability to

perform their job. OMF physician expects to receive specific and detailed physical factors to perform a proper evaluation; OC-ALC needs the physician to be very specific and detailed when requesting additional medical clarification information from an employee's physician. Since there can be no telephonic physician (OMF) to physician (off-base) communication and each medical condition is unique to the individual, a detailed written physician (OMF) to physician (off-base) communication is vital to returning employees to work in the most expeditious manner possible.

4.8.4. Employee provides copy of the RFD to their supervisor. The supervisor will review the RFD to determine if the employee is able to perform all essential factors. Group LDP Monitors will provide a Supervisor's Questions document. Supervisor is to complete form and return to Group LDP Monitor within two days.

4.8.4.1. If the employee can perform all factors within their medical restrictions, the employee will stay in their assigned work area. Supervisor will notify Group LDP Monitors of decision.

4.8.4.2. If unable to perform 100 percent of essential factors, the supervisor can request the type of leave the employee would like to use while at home recovering until able to perform 100 percent of their assigned essential factors. If the employee refuses to take personal leave, and the enforced leave process begins, the employee may be placed in a designated area while awaiting the due process time of 30 days. After the due process period, the employee may be sent home until they can perform 100 percent of their essential factors. Supervisor will notify Group LDP Monitors of decision.

4.8.4.3. During the enforced leave due process period, the employee's organization will determine whether the employee can perform at least 50 percent of the essential factors of their permanently assigned core doc. If deemed capable, the employee will be returned to the work area while remaining within the restrictions outlined by OMF. The supervisor may approve, on a temporary basis (up to 30 days), restrictions limiting some essential factors so long as there are sufficient essential factors remaining for which the employee can perform for their work shift. Following the 30 day due process time for enforced leave, if the employee still cannot perform all of the essential factors of their position, they may be required to go in a leave status until healed and able to perform 100 percent of their essential factors. The employee should take medical documentation to OMF for review and recommendation of work status.

4.8.4.4. The supervisor will notify the Group LDP Monitor of work determination decision. An email from supervisor notifying the Group LDP Monitors of the status of the employee will be completed. Group LDP monitors will forward the email notification to Complex LDP office.

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4.8.5. Return to work determination will be a collective effort between OMF and the employee's first line supervisor.

4.8.6. At the five-month mark of date of injury/illness, supervisor and management may contact ER to begin the separation process. At any time during this process, the employee may invoke their Family and Medical Leave Act (FMLA) rights. Supervisor should contact ER for further guidance and notify ERS the employee has invoked their FMLA rights.

4.8.6.1. Employee will:

- Notify their first line supervisor of the injury/illness upon beginning of first shift immediately following injury/illness
- Contact Occupational Medicine Facility (OMF) for an appointment
- Provide the OF-178, along with their private medical documentation, to OMF
- Ensure their treating physician (off-base) is provided the detailed physician clarification letter provided by the OMF physician for return to full duty evaluation/decision
- If unable to perform 100 percent of essential functions, advise the supervisor what type of leave you want to use during the at home healing process until able to perform 100 percent of essential functions
- If placed in temporary work location during the Enforced Leave process, complete all assignments provided by supervisor

4.8.6.2. Supervisor will:

- Provide a copy of the Certificate of Medical Evaluation (OF-178), listing all the essential and physical factors of the employee's current position, to the employee
- Can contact Occupational Medicine Facility (OMF) for an appointment
- Contact assigned ER specialist and request the enforced leave process to begin and other program options available
- Supervisor will determine where to place the employee while awaiting the due process time of Enforced Leave and provide assignments to employee to complete

4.8.6.3. OMF will:

- Evaluate employee and medical documentation to provide work status recommendation on the RFD
- Provide the employee/patient specific and detailed requirements when requesting additional medical clarification from the treating physician (off-base) for a return to full duty evaluation/decision

4.8.6.4. Group Light Duty Monitors will:

- Assist the supervisor with questions and advise the supervisor to contact their ER Specialist for available programs/options

4.8.6.5. Complex LDP Manager will:

- Update data in employee's LDP electronic file

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- Track employee status and provide Group LDP Monitors with information needed to process additional areas in the process

4.9. Temporary Illness/Injury. Most injuries and illnesses limiting one's ability to work are transient. OMF will evaluate the employee's injury/illness to determine the nature of the condition and its anticipated resolution. In the event the employee is deemed unable to accomplish at least 50 percent of the essential factors of their position, and the employee has a transient medical condition for which resolution of impairment can be expected (e.g., a fractured leg), the employee will need to use their personal leave until able to return to work performing all of the essential factors of their position.

4.9.1. The supervisor will:

- Notify Group LDP Monitors for tracking purposes
- Advise employee on leave options available
- Notify Group LDP Monitors if enforced leave is needed. Contact Employee Relations to begin the enforced leave process
- Contact an employee, placed on enforced leave, every two weeks to determine type leave required for each pay period and receive reports of change in medical conditions/restrictions with plan for return to work

4.9.2. If an employee has a temporary injury/illness and is able to accomplish at least 50 percent of the essential factors of their position, for at least a four hours minimum, they can remain in their position with OMF's recommendation and supervisor's approval on a temporary basis (up to 30 days).

4.9.3. Each case is reviewed individually based on the employee's medical progress. Group LDP Monitors will notify supervisor to contact their ER Specialist to discuss employee options. The supervisor will discuss with employee options available. The discussion may include subjects such as duties, restrictions, placement efforts, experience, retirement eligibility and possible separation for inability to perform the essential factors of their officially assigned position. A record of this discussion must be provided to the employee, which will become part of the case file.

4.10. Permanent Illness/Injury. Once it has been determined an employee has permanent restrictions and will not be able to perform 100 percent of their essential factors in their currently assigned position, the supervisor and Group Leadership determines if an employee will be referred into PDRP.

4.10.1. PDRP is owned by the Civilian Personnel Office and managed by the Disability Program Manager (DPM). The Group LDP Monitors will assist supervisors in preparing PDRP package. Group LDP Monitors will provide an electronic copy of the package to Complex LDP office and PDRP Manager. Civilian Personnel Office DPM will initiate the placement process. The Civilian Personnel Office will coordinate with AFPC Staffing to conduct an official base-wide

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job search for a minimum of 30 days to search for a permanent position for the employee. The DPM will coordinate with Staffing to identify positions for which the employee may be qualified. If a suitable position is found and employee declines position, the job search will end

and the separation process will be initiated. If the base-wide job search is unsuccessful, the employee will receive a notice of proposed separation. However, Civilian Personnel will continue to search for a position until the effective date of placement, separation or retirement, whichever comes first. See Chapter 10, Page36, for further guidance on the Physically Disqualified and Referral Program (PDRP).

CHAPTER 5:

PREGNANCY AND FETAL PROTECTION PROGRAM INFORMATION



This Chapter Covers:

- *Provides a Link to the Pregnancy and Fetal Protection Program*

CHAPTER 5

5. Pregnancy and Fetal Protection Program Information.

5.1. Pregnancy and breastfeeding employees will be tracked by an internal process within the Groups by the Group LDP Monitors. Complex LDP Managers will notify Group LDP Monitors of pregnant employees to track in their internal group process. Pregnant/breast feeding employees **will not** be tracked at Complex level unless the employee is assigned to OC-ALC/MXSG, OC-ALC/SWEG or all OC-ALC Staff Offices.

5.2. Supervisor of Pregnant Employee. Upon notification of employee's pregnancy, supervision should request employee to schedule an appointment with Occupational Medicine for discussion/evaluation. (See AFI 44-102, Medical Care Management, Chapter 4, paragraph 4.17)

5.3. If employee refuses to go to OMF, a memo for the record should be drafted and signed by employee and supervisor and placed into employee's 971 file, section 6, OC-ALC Personnel Pertinent Documentation and also, a copy in the employee's medical file (outside of the actual 971 file.) If the employee refuses to sign the memo for the record, request another supervisor sign the document.

5.4. Supervision should then contact Public Health, who will if necessary, perform a workplace hazard evaluation as part of the Fetal Protection Program.

CHAPTER 6:

Job Order Number (JON) Codes and Medical Resource Control Center (RCC)



This Chapter Covers:

- *Medical RCCs by Group*
- *JON Codes Temporary*

CHAPTER 6

6. JON Codes and Medical RCC. Employees with temporary medical restrictions must be coded in TAA on the appropriate Light Duty JON number and Group medical RCC. If an employee is working on a specific work order (not associated with light duty), the employee will wand on the tasks associated with the particular JON code.

6.1. Medical RCCs by Group. Groups will use their designated RCC for reporting.

AMXG – MWGBZ
CMXG – MWGTZ
MXSG - MWGDZ
PMXG – MWGEZ
SWEG/Staff Offices - None

6.2. JON Codes temporary. If the employee is unable to perform any of their essential factors, the following JON codes should be used:

X51112371000 for WG (Temp)
X51102371000 for GS (Temp)

6.3. When an employee leaves the work area to attend an OMF appointment, the JON code to be used is X51102685000.

6.4. Contact your organization's TAA Timekeeper for more information.

CHAPTER 7:

INJURY COMPENSATION (I/C OR WORKMANS COMPENSATION)



This Chapter Covers:

- *Link to Supervisor's Resource Guide for the AF Injury Compensation Program*
- *Injury Compensation Employee's Responsibilities*
- *Employees' Compensation Operations and Management Portal*
- *ECOMP for Supervisors*
- *ECOMP for Employees*

CHAPTER 7

7. Injury Compensation (I/C or Workmans Compensation).

7.1. A claim for compensation must be filed within three years of the injury. Submissions for claims are made to the Office of Workers' Compensation Programs (OWCP). An Injury Compensation Specialist (ICS) is assigned to assist employees and supervisors with the claim. Losing supervisor and employees are both responsible to notify AFPC/IC specialists of change of supervisor. Employees notify new supervisor of any active Injury Compensation case(s). Losing supervisor provides all documents associated with claim to gaining supervisor. Please see the below links for more information.

[Department of Labor](#)

[Supervisor's Resource Guide for the Air Force Injury Compensation Program](#)

[Injury Compensation Employee's Responsibilities](#)

[Employees' Compensation Operations and Management Portal](#)

[ECOMP for Supervisors](#)

[ECOMP for Employees](#)

7.2. The following form information is for your reference.

CA-1 – Notice of Traumatic Injury – initiated by injured employee, then completed by supervisor. Submitted through Employees' Compensation Operations and Management Portal (ECOMP) at www.ecomp.dol.gov. Step-by-step instructions at <https://mypers.af.mil>. The Agency **must** submit the CA-1 to the OWCP within 14 days to meet timelines. There is space available for the supervisor to supply a statement in support or disagreement with the claim.

CA-7 – Claim for Compensation – Completed by injured worker, can be submitted via [ECOMP](#). No time limit for submission; must have medical documentation to establish absence is related to the injury. Supervisors must code timesheet KD for LWOP. Additionally, the CA-7 is used for Schedule Award compensation (CA-7a) and for Leave-Buy-Back (CA-7b).

CA-16 – Authorization for Exam and/or Treatment – For traumatic injury only; must be used within hours/days of the date of injury for immediate emergency treatment. Only one is issued per injury. Injured employees have 7-days from date of injury to request. Not issued when treated at the Agency's Medical Treating Facility (OMF). Services covered are payable even if the claim is not accepted. Used for treatment of emergency care and procedures; not for non-emergency surgeries. Not to be issued for past medical care, except within 48 hours of emergency treatment, which has verbal pre-authorization.

CHAPTER 7

CA- 17 – Duty Status Report – It is used to monitor the extent of disability and work capacity, continuation of pay (COP), and compensation entitlement. Supervisor completes the left side of the form prior to the employee’s physician appointment to indicate fulltime work requirements. Indicate on form **Light Duty will be provided**. Employee must take this to every physician appointment, it is used to update employee’s work status or restrictions. Physician completes the right side of the form.

CA-20 – Attending Physician’s Report – Taken to every physician’s appointment; completed by attending physician (not PA, NP or RN). Lists accepted conditions; establishes inability to return to work; prognosis; referrals; treatment plan and work restrictions. A copy is given/sent to the ICS to forward to [Department of Labor \(DOL\)](#).

CHAPTER 8:
TEMPORARY TOTAL DISABILITY (TTD)



This Chapter Covers:

- *When an Employee is Unable to Work in Any Capacity*

CHAPTER 8

8. Temporary Totally Disability (TTD). When an employee is unable to work in any capacity, as a result of a work or non-work related injury or illness.

8.1. Employees who are placed in TTD status have the responsibility to report for scheduled medical examinations and keep their supervisor and occupational medicine informed of any changes in their medical condition.

8.1.1. When a **work related** injured/ill employee is placed in TTD status, the employee will stay home on a leave code provided by AFPC/Injury Compensation (see Chapter 7, page 25). The employee stays home until they have been cleared by OMF and can perform all of their essential functions. The supervisor should contact the employee at a minimum of every four weeks for a wellness check.

8.1.1.1. Supervisor will:

- Ensure employee makes and attends an appointment with OMF and takes all medical documentation
- Provide electronic responses for supervisor questions to Group LDP Monitor
- Provide employee with shop specific OF-178 form to provide to OMF physician
- Document the injury/illness and complete requirements in the ECOMP system
- Work with AFPC I/C to obtain the correct leave code the employee will be placed on while in TTD status
- Notify AFPC I/C, Group Light Duty Program Monitors and Complex Light Duty Program Managers of any changes to employee's chain of command
- Contact employee at a minimum of every 4 weeks for wellness check
- **If employee has not returned to full duty at the 5 month TTD status, supervisor may contact ER to begin the separation process**

8.1.1.2. Employee will:

- Notify supervisor of work related injury/illness at first available time
- Schedule and attend an OMF appointment at first available time
- Provide any medical documentation and OF-178 to OMF physician
- Provide copy of RFD to supervisor
- Begin the I/C filing process in the ECOMP system
- Attend all OMF and PMD appointments and provide current medical documentation to OMF
- Sign a Release of Medical Information for NCM to obtain additional documentation if needed
- Inform supervisor of any change in TTD status

CHAPTER 8

8.1.1.3. OMF will:

- Provide a scheduled appointment for the employee to be seen by OMF physician
- Evaluate and review employee's medical documentation and OF-178
- Complete RFD providing work status and follow-up appointment information
- Ensure the RFD is notated with work or non-work related
- Provide copy of RFD to Complex LDP Managers

8.1.1.4. Complex Light Duty Program Managers will:

- Electronically receive RFD from OMF and enter data into Complex database
- Electronically provide copy of RFD to Group LDP Monitor
- Intake electronic supervisor question answers and update Complex database with information obtained from supervisor/Group LDP Monitor
- Track employee status

8.1.1.5. Group Light Duty Program Monitors will:

- Retrieve an electronic copy of the RFD from their LDP Shared Drive
- Receive electronic copy of RFD and process within their Group program
- Provide supervisors with electronic version of supervisor questions and forward to Complex LDP Managers within 2 day suspense. Ensure supervisors receive a copy of the RFD if employee does not provide a copy
- Track TTD status of their Group's employees

8.1.1.6 AFPC Injury Compensation will:

- Provide TTD leave code to employee's supervisor

8.1.2. When a **non-work** related injured/ill employee is placed in TTD status, the employee stays home using their own leave until they have been cleared by OMF and can perform all of their essential functions. The supervisor should contact the employee at a minimum of every two weeks for a wellness check and discussion of leave used for the pay period.

8.1.2.1. Supervisor will:

- Will send employee to OMF when notified of injury/illness
- Will provide employee with a copy of the shop specific OF-178 to take to OMF
- Will discuss with employee utilizing their own leave to be sent home or using enforced leave if the employee will not take personal leave to go home
- Will contact ER to being Enforce Leave Process
- Provide electronic supervisor question answers to Group LDP Monitors within 2 day suspense
- Will contact employee at a minimum of every 2 weeks for wellness check and leave used
- Document employee contact information in employee's 971 file
- If employee has not returned to full duty at the 5 month TTD status, supervisor may contact ER to begin the separation process

CHAPTER 8

8.1.2.2. Employee will:

- Notify supervisor of non-work related injury/illness at first available time
- Schedule and attend an OMF appointment at first available time
- Provide any medical documentation and OF-178 to OMF physician
- Provide copy of RFD to supervisor
- Attend all OMF and PMD appointments and provide current medical documentation to OMF
- Sign a Release of Medical Information for NCM to obtain additional documentation if needed
- Inform supervisor of any change in TTD status

8.1.2.3. OMF will:

- Provide a scheduled appointment for the employee to be seen by OMF physician
- Evaluate and review employee's medical documentation and OF-178
- Complete RFD providing work status and follow-up appointment information
- Ensure the RFD is notated with work or non-work related
- Provide electronic copy of RFD to Complex LDP Managers

8.1.2.4. Complex Light Duty Program Managers will:

- Electronically receive RFD from OMF and enter data into Complex database
- Electronically provide copy of RFD to Group LDP Monitor
- Update Complex database with information obtained from Group Monitor/supervisor
- Track employee while in TTD status

8.1.2.5. Group Light Duty Program Monitors will:

- Retrieve an electronic copy of the RFD from their LDP Shared Drive
- Receive electronic copy of RFD and process within their Group program
- Provide supervisor question responses to Complex LDP Managers within 2 day suspense
- Ensure supervisors receive a copy of the RFD if employee does not provide a copy
- Track TTD status of their Group's employees

8.1.2.6. ER will:

- Initiate enforced leave process when supervisor contacts ER Specialist
- Initiate employee separation process at the 5 month on TTD status

8.1.3. For both work and non-work related types of injuries/illnesses, an entry should be placed in the employee's 971 file to document the contact was made. Documentation for the TTD status will be annotated in the employee's 971 file, part 6, OC-ALC Personnel Pertinent Documentation, and a copy placed in the employee's medical file (outside of the actual 971 file.)

8.2. When employees, with work related injuries/illnesses, are placed into TTD status, Department of Labor will provide approval. OMF is notified of the approved TTD status. OMF will provide approval/non-approval to Complex Light Duty Program Managers.

CHAPTER 8

8.3. Supervisor should have situational awareness of the employee. If the supervisor is unable to reach the employee, contact Employee Relations for possible police/wellness check.

8.4. Point of contact, Civilian Personnel Office, 739-3401.

CHAPTER 9:
MEDICAL CLARIFICATION LETTERS



This Chapter Covers:

- *Information on Medical Clarification Letters*

CHAPTER 9

9. Medical Clarification Letters (MCL). A medical clarification letter will be accomplished by the Civilian Personnel Section upon request by the employee's supervisor when there is a question about the employees' current medical condition, or when current medical documentation is vague and does not clarify an employee's medical condition and restrictions enough to make a duty determination. Each medical condition is unique to the individual; a detailed written physician (OMF) to physician (off-base) communication is vital to returning employees to work in the most expeditious manner possible. To perform the proper evaluation the OMF physician expects to receive specific and detailed physical factors. The OMF physician must be very specific and detailed when requesting medical clarification information from an employee's physician.

9.1. An employee who is provided a medical clarification letter will be given the opportunity to provide updated medical information within 15 calendar days of receipt of the letter. Additional time may be granted to the employee upon a written request from the employee outlining the reasons why the medical documentation cannot be provided within the requested time period.

9.2. Complex Light Duty Program Managers will:

- Receive Recommendation for Duty form (RFD) from Occupational Medicine Facility (OMF) with the block marked, "Employee has a condition that appears to be permanent or indefinite. Supervisor to contact Civilian Personnel to initiate permanent restriction process" or when a verbal approval is provided by an OMF physician
- Send email to Group Light Duty Program (LDP) Monitors that states; OMF has indicated that your employee, has medical restrictions that do not appear to be improving. At this point, an MCL needs to be requested by the employee's supervisor. The supervisor must contact Employee Relations (ER) to request the MCL. The following information/documents are required by ER to prepare the MCL:
 - **Date employee was entered into the LDP**
 - **All medical documentation from the date the employee was identified into the Complex Light Duty Program**
 - **Copy of the Core Doc/Position Description (ensuring it is the correct Core Doc and signed by the Classification Specialist)**
 - **Supervisor's signature block i.e. name and official title**
- Receive MRP from OMF
- Send email to Group LDP Monitors to coordinate with supervisor and ER to determine if the employee will enter into the Physically Disqualified and Referral Program (PDRP) (See Chapter 10 for PDRP process)

9.3. Group Light Duty Program Monitor will:

- Ensure supervisor receives the above instructions and meets the suspense date of contacting ER to begin the MCL process
- Inform Complex LDP Managers when MCL process is completed by emailing a copy of the MCL to OC-ALC.LtDutyPgm@us.af.mil

CHAPTER 9

9.4. Civilian Personnel Services (CPS)/Employee Relations (ER) will:

- Coordinate with the supervisor to ensure all documents required for the MCL are obtained
- Coordinate with Complex LDP Managers as needed for more information if required
- Provide supervisor with MCL to issue to employee

9.5. OMF will:

- Receive all MCL documentation from supervisor
- Physicians perform three Physician review for permanent restrictions review and decision
- Make a permanent restrictions appointment with the employee and review medical documentation
- Coordinate with supervisor and employee for the Medical Recommendation for Placement (MRP) process
- Send MRP document to Complex LDP Managers via email to: OC-ALC.LtDutyPgm@us.af.mil and to supervisor

9.6 Supervisor will:

- Contact ER to request an MCL for an employee and notify Group LDP Monitors
- Provide MCL to employee to obtain medical documentation from PMD
- When the employee has the requested medical documentation, the supervisor provides a copy of the OF-178 to the employee. The employee takes all requested medical documentation and the OF-178 to OMF for review. The supervisor will email the completed Medical Recommendation for Placement appointment request template to OMF. The email will also be copied to the Group LDP Monitors and the Complex LDP Managers.
- **THIS COMPLETED MEDICAL RECOMMENDATION FOR PLACEMENT TEMPLATE LETTER MUST BE SENT TO OMF. IT CAN BE FOUND IN THE ELECTRONIC SUPERVISOR'S TOOL BOX**

9. Point of contact, Civilian Personnel Office, 739-3401.

CHAPTER 10:

PHYSICALLY DISQUALIFIED AND REFERRAL PROGRAM (PDRP)



This Chapter Covers:

- *Information on Physically Disqualified and Referral Program (PDRP)*

CHAPTER 10

10. Physically Disqualified and Referral Program (PDRP). PDRP provides the agency with the ability to identify employees with permanent medical restrictions or long term chronic medical conditions preventing them from performing the essential factors of their officially assigned position and look for other positions for which they may qualify that are currently available within the agency at or below their current grade.

10.1. Only employees with work-related injury/illness are identified into PDRP. It is their responsibility to ensure the agency has current medical documentation identifying their medical restrictions, an updated resume and attend a briefing on the overall PDRP responsibilities. Employees identified into the PDRP are unable to perform their official assigned duties. Employees must be qualified for any available positions. Employees with non-work related injuries or illnesses are not qualified for PDRP. The PDRP package will consist of a memo signed by the first line supervisor, squadron chief and group commander stating all concur placing the employee into the PDRP. This letter is a template and is available in the Supervisor's Tool Box and will be available from Group LDP Monitors in their Share Drive. Also, the Medical Recommendation for Placement (MRP) form, the employee's core doc, ALL medical documentation (Recommendation for Duty forms) related to the employee's injury/illness, a copy of the shop specific OF-178 and employee's resume (if provided by employee) are needed to create the PDRP package. PDRP Manager will work with supervisor if additional information is required.

10.1.1. Complex Light Duty Program Managers will:

- Receive electronic Medical Recommendation for Duty form (MRP) from OMF
- Input the MRP information into the Light Duty Program's (LDP) database
- Notify Group LDP Monitors of the MRP and request if the employee can perform all of their essential functions within their permanent restrictions
- Based on the Groups capability decision, Complex LDP Manager will go forward with PDRP process or close the employee's medical file in the Complex LDP database
- If the decision is to go forward with PDRP, Group LDP Monitors will request the documentation package from the supervisor for identification into PDRP

10.1.2. Group Light Duty Program Monitors will:

- Receive request from Complex LDP office of the MRP and contact employee's first line supervisor regarding status of employee
- Group LDP Monitors will provide Complex LDP Managers notification of the decision of the employee's capability to perform all of their essential functions
- If the decision is to go forward with PDRP, Group LDP Monitors will request the documentation package from the supervisor for identification into PDRP
- Group LDP Monitors will ensure PDRP package has the correct documentation and forward the electronic copy to the Complex LDP office and to the PDRP ER Specialist

CHAPTER 10

10.1.3. Employee will:

- Bring additional documentation to substantiate any medical improvement regarding the permanent restrictions
- Discuss the way forward with the supervisor
- Provide ER PDRP manager with an updated resume to assist in the job search (not required but will assist with the job search)
- Attends PDRP initial briefing for identification into the program

10.1.4. Supervisor will:

- Review MRP, make decision if the employee is capable of performing or not performing all of their essential functions and notify Group LDP Monitor
- Discuss the process with the employee
- If the decision is to go forward with PDRP, supervisor will provide PDRP documentation package to Group LDP Monitor
- Work with PDRP Manager to provide documents need to identify employee into PDRP

10.1.5. OMF will:

- Electronically send MRP to supervisor, employee and Complex LDP Office
- Re-evaluate employee's restrictions if additional medical documentation has been provided

10.1.6. Reasonable Accommodation Manager (RAM) will:

- Review any requests for reasonable accommodation and coordinate as required

10.1.7. Employee Relations/PDRP Manager will:

- Review the current medical documentation and restrictions along with other documentation which could include: position description, identification of permanent physical/mental/environmental restrictions precluding employee from accomplishing their essential functions, organization identification paperwork requesting the employee be entered into PDRP, employee current resume, all medical documentation from date employee was entered into the LDP, etc.
- Counsel the employee entering the PDRP process and provide advisory services to supervisors as required
- Submit PDRP package to pre-employment team initiating a base-wide job search and maintain ongoing communication with the staffing section on the job process
- Work with the supervisors to coordinate any official notices regarding PDRP

10.2. Point of contact, Civilian Personnel Office, 739-2262.

CHAPTER 11:

HIGH LEVEL PROCESS MAPS/FLOW CHARTS



This Chapter Covers:

- *High Level Process Maps/Flow Charts*

CHAPTER 11

ADD HIGH LEVEL PROCESS MAPS/FLOW CHARTS WILL BE ADDED ON NEXT GUIDE REVISION

CHAPTER 12:
ABBREVIATIONS AND ACRONYMS



This Chapter Covers:

- *Abbreviations*
- *Acronyms*

CHAPTER 12

AFPC - Air Force Personnel Center

CBT – Computer Base Training

CPS - Civilian Personnel Services

Complex LDP Managers – Complex Light Duty Program Managers

DHA - Direct Hire Authority

ECOMP - Employees Compensation

ERS – Employee Relations Specialist

FCE – Functional Capacity Exam

FMLA – Family and Medical Leave Act

FOUO – For Official Use Only

Group LDP Monitor - Group Light Duty Program Monitor

HIPAA – Health Insurance Portability and Accountability Act

IC – Injury Compensation

ICS – Injury Compensation Specialist

IOEMC - Installation Occupational and Environmental Medicine Consultant

JON – Job Order Number

LP – Local Priorities

LDP - Light Duty Program

LSA – Local Supplement Agreement

MCL – Medical Clarification Letter

MRAF – Medical Restriction Accommodation Form

MRP - Medical Recommendation for Placement

CHAPTER 12

NCM - Nurse Case Manager

OMF – Occupational Medical Facility

PA – Privacy Act

PDRP - Physically Disqualified and Referral Program

PET - Pre-employment Team

PMD - Private Medical Doctor

RAM - Reasonable Accommodation Manager

RCC – Resource Control Center

RDF - Recommendation for Duty Form

ROMI - Release of Medical Information

RPA - Request for Personnel Action

SHARE - Safety, Health and Return to Employment

SOR - Supervisor of Record

TTD - Temporary Totally Disabled

WC – Workers Compensation

WRE – Work Restriction Evaluation

CHAPTER 13:
REFERENCE MATERIAL



This Chapter Covers:

- *Reference Material*

CHAPTER 13

13. Reference Material

[AFI 36-129 Civilian Personnel Management and Administration](#), 17 May 19

[AFI 44-102, Medical Care Management](#), 17 Mar 15

[Certification of Medical Evaluation Optional Form 178](#)

[Department of Labor](#)

[Employees' Compensation Operations and Management Portal](#)

[ECOMP for Supervisors](#)

[ECOMP for Employees](#)

[Injury Compensation Employee's Responsibilities](#)

[Supervisor's Resource Guide for the Air Force Injury Compensation Program](#)

TCPS 14-002 OF THE 72 FSS/FSMC Memo, 22 Apr 14

***OC-ALC/OM MEDICALLY RESTRICTED GUIDE
01 JANUARY 2020***



***The Complex Light Duty Managers are:
(A-G) 739-9485, (H-O) 739-9486 and (P-Z) 734-6536***