CARE LEAVE COMMITTEE
THURSDAY, SEPTEMBER 29, 2022
10:00 A.M.
COUNCIL CHAMBERS

Old Business

1. Consideration and approval of minutes from previous meeting

CITIZENS PARTICIPATION
(Citizens wishing to speak should notify Department Head or Committee Chair in advance)

New Business

1. Consider and discuss new application to the Care Leave Donation pool by Cooper Vanwey.

Other Business

ADJOURNMENT

PERSONS WITH DISABILITIES WHO NEED SPECIAL ASSISTANCE CALL 417-237-7000 (VOICE) OR 1-800-735-2466 (TDD VIA RELAY MISSOURI) AT LEAST 24 HOURS PRIOR TO MEETING.

Posted:_____

By: _____

APPENDIX J
CARE LEAVE REQUEST FORM

Name: Cooper Vannoy Department: Street Dept. Public Works
Position/Job Title: Street Maintenance II
Is employee on disciplinary leave without pay status? (Please Circle) Yes (No)
Has requesting employee has exhausted all accrued leave? (Please Circle) (Yes) No
Has the requesting employee experienced a personal injury or illness (to himself/herself or a family member; as specified in the City's Personnel Policy Manual) which is life threatening or catastrophic and not job related? (Please Circle) (Yes) No
Has requesting employee abused or misused sick leave in the past calendar year? (Please Circle) Yes (No)

If Yes, please explain:

Who is making the request? Employee, spouse, etc. spouse, or an immediate relative or legal guardian?
Employee

Is physician's statement, describing the illness or injury, and a prognosis, including the estimated needed time away from work and whether the employee can work a modified work schedule attached? (Please Circle) (Yes) No

Start Date of Anticipated Leave: 9/12/22 through 9/16/22

Expected Date of Return to Work: 9/19/22

Does physician's statement state whether the disability will be permanent? (Please Circle) (Yes) No

If no, please explain:

NOTE: I hereby authorize the City of Carthage to contact my physician to verify the reason for my requested leave or for any other information concerning my requested care leave. I further understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the City of Carthage beforehand.

Signature: [signature] (Employee) Date: 9/22/22

APPROVED BY: [signature] 9/22/22
Department Head

MERCY CLINIC GENERAL AND SPECIALTY
SURGERY JOPLIN
100 MERCY WAY SUITE 440
JOPLIN MO 64804-4524
Dept Phone: 417-781-4404
Dept Fax: 417-781-5845

9/8/2022

RE: Cooper O Vanwey
WORK RESTRICTIONS

To Whom It May Concern:

This is to verify that Cooper O Vanwey was seen today on 09/08/22.

Due to medical reasons, Cooper O Vanwey is:
Able to work WITHOUT limitations on 9/19/2022.

This is intended to provide Cooper O Vanwey with work restriction recommendations based on today's examination. If an extension of time is needed or change in restriction status requested, Cooper O Vanwey will need to return to my office for reexamination.

Sincerely,

Dr. _____
Charles Y. Ro, MD

Must be signed by physician to be valid