



**JACKSON PARISH POLICE JURY**  
Jackson Parish Police Jury Administrative Building  
160 Industrial Drive  
Jonesboro, Louisiana 71251-3446  
Phone: (318) 259-2361  
[www.jacksonparishpolicejury.org](http://www.jacksonparishpolicejury.org)

**July 23, 2021 Policy & Personnel Committee Meeting**

**MEMBERS**

**District 1**  
TODD CULPEPPER  
P. O. Box 323  
Quitman, LA. 71268  
(318) 259-4184 (Work)  
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**District 2**  
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**District 3**  
AMY C. MAGEE  
2332 Walker Road  
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**District 4**  
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**District 5**  
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**District 6**  
REGINA H. ROWE  
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Jonesboro, LA 71251  
(318) 259-7923

**District 7**  
LYNN TREADWAY  
505 Fifth Street  
Jonesboro, LA 71251  
(318) 259-7673  
(318) 680-8510

**DATE:** Friday, July 23, 2021  
**TIME:** 1:45 PM  
**LOCATION:** Jackson Parish Police Jury Administrative Building  
Nathaniel Zeno Jr. Meeting Room  
160 Industrial Drive  
Jonesboro, LA 71251

**AGENDA:**

**Call to Order**  
**Invocation & Pledge of Allegiance**  
**Public Comments**

**Agenda Items**

1. Discuss and recommend action on "fit to duty" exam policy
2. Discuss and recommend action on code of ordinances
3. Discuss Maintenance Supervisor request

**Set Date & Time of Next Meeting**  
**Adjourn**

**Committee:** Ms. Regina Rowe, **Chairman**  
Mr. Todd Culpepper  
Mr. Lynn Treadway

In accordance with the Americans with Disabilities Act, if you need special assistance, please contact Gina Thomas at (318) 259-2361, extension 3 describing the assistance that is necessary.

**It is possible that a quorum of the Police Jury may be in attendance at the meeting, but no action of the Police Jury as a whole will be taken.**

*Notice Posted: Thursday, July 22, 2021,*

## **Fitness-For-Duty/Return-To-Work Evaluation**

Fitness-for-Duty (FFD) exams are specialized medical evaluations used to determine if an employee can perform the essential functions of a job without risking injury to themselves or co-workers. It is also used as a "Return-to-Work Evaluation" after employees have been off work due to a non-work or work-related condition or illness.

## **When Should an Employer Set Up a FFD Evaluation?**

- When an employee is off work five/ten or more days and desires to return to work after such absence
- During a job transfer to determine whether they can meet the essential job functions of the new position
- When an employee develops a physical or mental medical condition which could affect job performance
- In reasonable cause situations with indicators of impaired job performance.

## **Why a FFD Exam?**

Even when a patient's illness or injury has not completely resolved and potentially poses a risk in the workplace, the treating physician will release a patient back to work because the patient requests the return for economic reasons; yet is not fit to return back to work.

Premature releases back to work may be inappropriate because the treating physician may have limited to no knowledge regarding the patient's job duties and suddenly a non-work-related issue is turned into a work-related problem.

A FFD exam is a sound risk management strategy that protects the employer (and the employee) by ensuring that return-to-work is appropriate.

## **FFD Exams for Status Check on Employees with Prolonged Absences**

Another reason for FFD exams is to evaluate an employee who has been off work for a long period of time with no projected return-to-work date.

A FFD exam can provide insight to the functionality and prognosis of an employee off work for a prolonged absence.

A periodic FFD exam for an employee on extended indefinite leave can provide insight into the legitimacy of such absence.

Based on physical examination, review of the medical records, and the individual's self-reported information regarding their current status, the examiner can make a determination regarding the current level of function for an employee out on an extended leave of absence.

Current Return to Work Policy:

**RETURN TO WORK POLICY**

Employees who have been injured or who have been off from work because of illness for as much as ten (10) working days shall have a full release from their attending physician stating that they can fully resume their normal working duties before returning to work.

Recommended Amendment:

**RETURN TO WORK POLICY**

Employees who have been injured or who have been off from work because of illness for as much as ten (10) working days shall have a full release from a physician designated by the Police Jury stating that they can fully resume their normal working duties before returning to work. The release to work must include a completed Fitness for Duty Certification form provided to the physician accompanied with the employee's job description. The Police Jury shall bear the cost for this examination.

## Fitness for Duty Certification

**Form to be completed by health care provider.** An employee on a medical leave under the Family and Medical Leave Act (FMLA) must present this Fitness for Duty Certification to their supervisor prior to returning to work.

The Family and Medical Leave Act (FMLA) guidelines are applied to employees who are on paid or unpaid leave. This form is for return-to-work purposes of medical leave of absence due to an illness or injury, whether work or non-work related. Because employees are valuable resources, health care providers should assist employees in returning to work as soon as possible.

Health Care Professionals: Your patient has two return to work options:

- **Full Release.** The patient has no work restrictions. They can return to his or her prior position because you, the health care provider certify, that he or she can perform the essential functions of their job.
- **Not Released.** The patient is not released to work in any capacity due to physical or behavioral limitations.

*NOTE: Due to the public safety nature of our workforce, the Jackson Parish Police Jury does not offer modified or light duty options. An employee must receive a full release in order to return to work.*

### **GINA Provision**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

### **Submission**

The Fitness for Duty Certification can be submitted confidentially to:

Jackson Parish Police Jury  
ATTN: Personnel  
160 Industrial Drive  
Jonesboro, LA 71251

Phone: (318) 259-2361 ext. 1

## Fitness for Duty Certification

1. **Employee / Patient** \_\_\_\_\_
2. **Date of Medical Examination** \_\_\_\_\_
3. **Please check the status of the employee's release for duty**
  - Full, unrestricted duty effective \_\_\_\_\_
  - Not released for any type of duty. Next evaluation date will be \_\_\_\_\_

**4. Physical Evaluation** *see included job description for detailed job duties and requirements*

	Full Restrictions	Partial Restrictions (please specify)	No Restrictions
Sedentary – lifting 0 to 10 pounds			
Light – lifting 10 to 20 pounds			
Moderate – lifting 20 to 50 pounds			
Heavy – lifting 50 to 100 pounds			
Pulling/pushing, carrying			
Reaching or working above shoulder			
Walking			
Standing			
Stooping			
Kneeling			
Repeated bending			
Climbing			
Operating a motor vehicle			
Operating large machinery			
Finger manipulation (typing)			
Pain (frequency, degree, signs)			

**5. Behavioral Evaluation**

	Able to Perform	Other Considerations (please specify)	Not Able to Perform
Understanding			
Remembering			
Sustained concentration			
Follow-through on instructions			
Decision making			
Receiving supervision			
Relating to co-workers and public			

**6. Other Restrictions, Considerations, or Notes**

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I hereby certify that the facts in this document are true and correct.

\_\_\_\_\_  
Printed Name of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number