

	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		<b>EFFECTIVE DATE:</b>	April 22, 2024	<b>Page 1 of 6</b>
	<b>POLICY AND PROCEDURE</b>		<b>SUPERSEDES:</b>	NEW ISSUANCE	
			<b>OPI:</b>	OPERATIONS	
			<b>REVIEW DATE:</b>	April 22, 2025	
			<b>Approving Authority</b>	Thomas Faust Director	
<b>SUBJECT:</b>	<b>FITNESS FOR DUTY (NEW ISSUANCE)</b>				
<b>NUMBER:</b>	<b>3020.4A</b>				
<b>Attachments:</b>	Attachment A- Request for Fitness-for-Duty Evaluation Attachment B- Order for Private Physician or Practitioner to Conduct Fitness-for-Duty Assessment Attachment C- Requirements for Medical Evaluation by Private Physician or Practitioner Attachment D- Private Physician's or Practitioner's Work Status Recommendation Form				

**SUMMARY OF CHANGES:**

Section	Change
	NEW ISSUANCE

**APPROVED:**

*Signature on File*



**Thomas Faust, Director**

**4/22/2024**

**Date Signed**

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		<b>EFFECTIVE DATE:</b>	April 22, 2024	<b>Page 2 of 6</b>
<b>POLICY AND PROCEDURE</b>		<b>SUPERSEDES:</b>	NEW ISSUANCE	
		<b>REVIEW DATE:</b>	April 22, 2025	
<b>SUBJECT:</b>	<b>FITNESS FOR DUTY (ILLNESS) (NEW ISSUANCE)</b>			
<b>NUMBER:</b>	<b>3020.4A</b>			
<b>Attachments:</b>	Attachment A-D			

1. **PURPOSE.** To establish policy and procedures that provide for a safe and secure workplace for its employees and those they are called to protect and serve. The issuance of this policy provides guidance on DOC's policy and procedures for employee fitness for duty (FFD) evaluations where there is an objectively reasonable concern about an employee's continuing ability to perform the essential functions of their position.
2. **POLICY.** Each DOC employee must be able to carry out the essential duties and responsibilities of their position. This means that all employees must meet any established physical or mental standards necessary for them to perform the essential functions of their position, with or without reasonable accommodation(s).
3. **PROGRAM OBJECTIVE**
  - a. This directive will serve as notice to employees that there are no "**Light OR Limited Duty**" assignments for uniformed employees barring Risk Management/Worker's Compensation.
4. **APPLICABILITY.** This directive is applicable to all employees of the District of Columbia Department of Corrections
5. **NOTICE OF NON-DISCRIMINATION**
  - a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq., (hereinafter, "the Act") the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sexual discrimination that is also prohibited by the Act. In addition, harassment based on any of the above-protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.
6. **DIRECTIVES AFFECTED**
  - a. **Directive Rescinded.** None.
7. **AUTHORITY**

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		<b>EFFECTIVE DATE:</b>	April 22, 2024	<b>Page 3 of 6</b>
<b>POLICY AND PROCEDURE</b>		<b>SUPERSEDES:</b>	NEW ISSUANCE	
		<b>REVIEW DATE:</b>	April 22, 2025	
<b>SUBJECT:</b>	<b>FITNESS FOR DUTY (ILLNESS) (NEW ISSUANCE)</b>			
<b>NUMBER:</b>	<b>3020.4A</b>			
<b>Attachments:</b>	Attachment A-D			

- a. D.C. Code §24-211.02, Powers; Promulgation of Rules;
- b. D.C. Code § 1–620.07. Health Services;
- c. Title 6-B, Chapter 20, of the D.C. Municipal Regulations;
- d. District Personnel Manual § 2005.1

**8. STANDARDS REFERENCED.** None.

**9. DEFINITIONS**

- a. Medical condition – A health impairment that results from injury or disease or any other physical or mental impairment that may affect an employee’s capacity to safely and satisfactorily perform his or her assigned duties.
- b. Medical evaluation - A critical appraisal or assessment of an individual’s mental or physical health; a judgment of an individual’s mental or physical health; or measurement of an individual’s progress with respect to a health care related treatment.
- c. Medical documentation – A statement from a licensed physician or other appropriate practitioner which provides one (1) or more of the following:
  - 1) The history of the specific medical condition(s), including references to findings from previous examinations, treatments, and responses to treatment;
  - 2) Clinical findings from the most recent medical evaluation, including any of the following that have been obtained:
    - a) Findings of physical examination;
    - b) Results of laboratory tests including drug and alcohol screening, X-rays, echocardiograms, and any other special evaluations or diagnostic procedures; and
    - c) In case of psychiatric disease evaluation of psychological assessment, the findings of a mental status examination and the results of psychological tests, if appropriate;
  - 3) An estimate of the expected date of full or partial recovery, or if the condition is permanent.
  - 4) An explanation of the impact of the medical condition on the individual’s

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		<b>EFFECTIVE DATE:</b>	April 22, 2024	<b>Page 4 of 6</b>
<b>POLICY AND PROCEDURE</b>		<b>SUPERSEDES:</b>	NEW ISSUANCE	
		<b>REVIEW DATE:</b>	April 22, 2025	
<b>SUBJECT:</b>	<b>FITNESS FOR DUTY (ILLNESS) (NEW ISSUANCE)</b>			
<b>NUMBER:</b>	<b>3020.4A</b>			
<b>Attachments:</b>	Attachment A-D			

capacity to carry out his or her assigned duties;

- d. Physician – A licensed Doctor of Medicine or Doctor of Osteopathy.

## 10. Concerns about an Employee’s Ability to Perform their Essential Functions

- a. Employees may also be required to undergo a medical evaluation when their work-related conduct or performance raises concerns relating to their own health or safety or the safety of others.
- b. Prior to submitting an FFD request to District of Columbia Office of Human Resources (DCHR), the employee’s supervisor must work with the District of Columbia Department of Corrections’ Labor Relations Liaison and Workforce Specialist to prepare a detailed documentation regarding the employee’s deteriorating behavior or performance. The documentation may include:
- 1) Performance evaluation and improvement plans,
  - 2) Notice(s) of counseling or corrective action (if any) and
  - 3) Any other relevant employee records or documents.
- c. If there is enough evidence to support an objectively reasonable concern about the employee’s physical or mental ability to perform their essential functions, DOC’s Labor Relations Liaison and Workforce Specialist, in consultation with DOC’s Office of General Counsel (OGC) shall submit an FFD request to DCHR.

## 11. SUBMISSION OF FFD REQUESTS TO DCHR

- a. FFD examinations can only be authorized by DCHR using the following instructions:
- 1) Prepare a request packet to DCHR. The packet should include a cover letter from the Labor Relations Liaison Workforce Specialist that details the problem(s) exhibited and impact of these problems (see Attachment A),
  - 2) Initiate the FFD process by completing an online [Fitness Assessment Request \(Page 1 of 6\) \(office.com\)](#), and
  - 3) Reply to the FFD evaluation confirmation e-mail by attaching the request packet.
- b. DCHR will review the request to determine if sufficient information has been

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		<b>EFFECTIVE DATE:</b>	April 22, 2024	<b>Page 5 of 6</b>
<b>POLICY AND PROCEDURE</b>		<b>SUPERSEDES:</b>	NEW ISSUANCE	
		<b>REVIEW DATE:</b>	April 22, 2025	
<b>SUBJECT:</b>	<b>FITNESS FOR DUTY (ILLNESS) (NEW ISSUANCE)</b>			
<b>NUMBER:</b>	<b>3020.4A</b>			
<b>Attachments:</b>	Attachment A-D			

provided in regard to the request, DCHR will issue a memorandum authorizing the FFD for the employee that identifies the next steps for completion of the FFD.

- c. If insufficient information is not provided DCHR will use a memorandum denying the request with an explanation of the basis for the denial.

**12. DCHR may refer an employee to their own physician or practitioner or a DCHR approved physician for their assessment.**

- a. If the employee is referred to their own physician or practitioner, DOC's Labor Relations Liaison and Workforce Specialist should prepare the following documentation for the employee and the employee's physician or practitioner:
  - 1) A letter to the employee stating the concerns observed and DOC's efforts made to assist the employee in improving their performance or conduct (see Attachment B);
  - 2) A letter to the physician or practitioner stating the concerns observed and DOC's efforts to assist the employee in improving their performance or conduct. (see Attachment C);
  - 3) The Private Physician's or Practitioner's Work Status Recommendation Form (see Attachment D) and
  - 4) A copy of the employee's position description.
- b. If the employee is referred to a DCHR approved physician, DCHR will contact DOC's Labor Relations Liaison and Workforce Specialist to schedule the employee's appointment and issue relevant correspondence to the employee.
- c. DOC must comply with the following notice requirements when ordering an employee to report for an FFD assessment regardless of whether they are evaluated by their own physician or practitioner or a DCHR approved physician:
  - 1) The order to undergo FFD evaluation must be in writing.
  - 2) The order must inform the employee of the reason(s) the agency is ordering the FFD evaluation.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		<b>EFFECTIVE DATE:</b>	April 22, 2024	<b>Page 6 of 6</b>
<b>POLICY AND PROCEDURE</b>		<b>SUPERSEDES:</b>	NEW ISSUANCE	
		<b>REVIEW DATE:</b>	April 22, 2025	
<b>SUBJECT:</b>	<b>FITNESS FOR DUTY (ILLNESS) (NEW ISSUANCE)</b>			
<b>NUMBER:</b>	<b>3020.4A</b>			
<b>Attachments:</b>	Attachment A-D			

- 3) The order must state what action(s) the employee must take to comply with the order, including whether to bring medical records to the evaluation.

**13. DCHR will provide DOC with the final determination detailing the results and next steps. An employee who undergoes an FFD evaluation will receive one of the following results:**

- a. Fit for Duty - The employee can perform the essential functions of their position with or without any accommodation(s).
- b. Fit for Duty with accommodation(s) - The employee can perform the essential functions of their position with the assistance of recommended accommodation(s). These accommodations may be temporary or permanent. DOC's ADA Coordinator should review the listed accommodations and engage in the interactive ADA process to determine if the recommended accommodations are reasonable.
- c. Not fit for Duty - The employee is incapable of performing the essential functions of their position, even with the assistance of accommodations. DOC and its ADA Coordinator should work with the employee, and the D.C. Office of Disability Rights, to determine the employee's options and next steps in accordance with applicable requirements such as the ADA and Chapter 20 of the District Personnel Manual (DPM).

Attachment(s)

Attachment A – Request for FFD Evaluation

Attachment B – Order for Private Physician or Practitioner to Conduct FFD Assessment

Attachment C – Requirements for Medical Evaluation by Physician or Practitioner

Attachment D - Private Physician's or Practitioner's Work Status Recommendation

**DOC/3020.4A/4/22/2024/OPP**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CORRECTIONS**



MEMORANDUM

To: Compliance Manager  
Policy and Compliance Administration  
D.C. Department of Human Resources

From: Labor Relations Liaison Workforce Specialist  
D.C. Department of Corrections

Date:

Subject: Request for Fitness-for-Duty Evaluation for (Employee Name)

In accordance with District Personnel Manual § 2005.1 and DC Department of Corrections Policy and Procedure PP 3020.4, DOC submits this request for a Fitness for Duty evaluation of (Employee's Full Name), (Position Title, Series, Grade/Step). DOC submits this request for (Employee's Name) as there is a reasonable concern about their continuing ability to perform the essential functions of their position.

(Employee Name) has occupied the position of (Employee Title) since (Date in Position). In this position, (Employee Name) is responsible for (Briefly describe essential functions). To successfully complete these essential functions, the employee must be able to (Describe physical/mental requirement that employee must exhibit).

Between (Date) through (Date), (Employee's Full name) has exhibited the following (performance/conduct) deficiencies:

- Please describe observations in an enumerated and chronological list. These observations should be documented (ex. emails, performance reviews, etc.)
- Please document whether any counseling or disciplinary action has occurred and whether the employee has satisfactorily complied with the documented counseling requirements. Please also document what efforts the agency has made to assist the employee.

Due to these deficiencies, (describe how these issues have affected the department, and if applicable, the public). The employee's position description and supporting documentation are enclosed.

If you have any questions concerning this request or need additional information, please contact Paulette Hutchings Johnson at (202) 671-2068 or via email at [paulette.johnson@dc.gov](mailto:paulette.johnson@dc.gov).

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CORRECTIONS**



Date (Month Day, Year)

Employee's Name

Position Title

Address 1

Address 2

City, State Zip

Subject: Order for Private Physician or Practitioner to Conduct Fitness-for-Duty Assessment

Dear Employee:

The DC Department of Corrections is committed to ensuring a safe and secure workplace where all employees can perform the essential functions of their position, with or without reasonable accommodation(s). DOC, with approval and oversight from the DC Department of Human Resources(DCHR), may require an employee to undergo a medical evaluation when [Insert applicable Chapter 20 basis, for example, there is a reasonable concern about the employee's continuing ability to physically or mentally perform the essential functions of their position or their work-related conduct or performance raises concerns for their health and safety, or the safety of others].

You are being ordered to undergo an FFD because DOC has reasonable concerns about your continuing ability to perform the essential functions of your position as a (Position Title) in the (Employing Agency/Administration). Specifically, we have observed:

- [Describe the observations/issues in an enumerated list. These observations should be documented and in chronological order where possible (ex. emails, performance reviews, etc.)],
- [If applicable, document whether any counseling or disciplinary action has occurred and whether the employee has satisfactorily complied with the documented counseling requirements.], and
- Describe any efforts the DOC has made to assist the employee.

As such, we are requiring you to report to your personal physician or practitioner so they may assess your ability to perform the essential functions of your job. Failure to comply with this order may result in administrative action.



Enclosed is a letter for your physician or practitioner explaining this requirement and process. The letter also includes a summary of the essential duties of your position. You are directed to return your physician's or practitioner's assessment to (Employing Agency Representative's Name) by (Date). (Insert any other actions the employee must take to comply with the order).

If the DOC does not receive your physician's or practitioner's assessment by (Date), you will be referred to an occupational health physician/practitioner approved by DCHR for evaluation, in accordance with Chapter 20 of the District Personnel Manual. The District government also reserves the right to seek a second (2nd) opinion. [Insert whether employee will be placed on administrative leave pending the results of the FFD examination, if applicable].

If you or your physician/practitioner have any questions concerning this letter, please contact Paulette Hutchings Johnson at (202) 671-2068.

Sincerely,

Paulette Hutchings Johnson  
Labor Relations Liaison and Workforce Specialist  
D.C. Department of Corrections

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CORRECTIONS**



Date (Month Day, Year)  
Private Physician's Name  
Address 1  
Address 2  
City, State Zip

RE: Requirement for Medical Evaluation of (Employee's Full Name) by Private Physician or Practitioner

Dear (Private Physician's or Practitioner's Name):

The District government is committed to ensuring a safe and secure workplace where all employees can perform the essential functions of their position, with or without reasonable accommodation(s). Your patient is employed with the District of Columbia Department of Corrections in the position of (Position Title). Recently, there has been concern regarding your patient's continuing ability to carry out the essential functions of their position:

- [Describe the observations or issues in an enumerated and chronological list (ex. emails, performance reviews, etc.).]

As [employee name] private physician/practitioner, we are seeking your opinion in order to make decisions regarding their work status and duty assignments.

We request that you use the enclosed form to recommend the appropriate work status for the employee. Please refer to the attached position description for a list of the employee's essential functions. In addition to the duties outlined in the position description, the following are additional essential duties that [Employee's Name] must perform:

- Document the essential duties that the employee must perform that are not in the position description;
- Document all essential duties that the employee has had issues performing or has been unable to perform; and
- If necessary, please identify what physical or mental requirement(s) are needed to perform the essential duties of the position. These requirements should highlight the observed deficiencies that the employee has exhibited, where possible.

We are requesting that you examine your patient and provide (Employing Agency Representative's Name), (Position Title), with the (Agency), with the information enclosed and

your recommendation on whether the employee can perform the essential duties of their position, with or without accommodation(s).

To the extent that you medically determine that your patient requires accommodation(s) to perform the essential functions of their position or should be restricted from certain or all functions, please specify the nature and scope of the accommodations and/or restrictions. Please also specify how long the restriction(s)/accommodation(s) should apply. [Please note that an accommodation does not include eliminating any of the essential functions of the position, but rather providing assistance or tools to assist the employee in performing the essential functions of their position.]

If you do not specialize in occupational medicine, we encourage you to seek the opinion of an occupational physician or practitioner prior to making your recommendation. If necessary, the District government can arrange for you to consult with its contracted vendor who specializes in occupational medicine.

Thank you for your cooperation in resolving this matter. Should you have any questions, please contact Paulette Hutchings Johnson at (202) 671-2068.

Sincerely,

Paulette Hutchings Johnson  
Labor Relations Liaison and Workforce Specialist  
D.C. Department of Corrections

Enclosures:

- (1) Physician's or Practitioner's Work Status Recommendation
- (2) Position Description

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CORRECTIONS**



I, \_\_\_\_\_, have received and read the Requirement for Medical Evaluation and position description for my patient, \_\_\_\_\_.

Having read this information, and having been given the opportunity to seek additional information concerning the duties of a \_\_\_\_\_, I am making the following recommendations concerning the work status of my patient:

For the period beginning \_\_\_\_\_ through \_\_\_\_\_, the employee may continue to perform all duties required for the position.

The employee is able to perform the duties required with the restrictions/accommodations specified herein:

---

---

---

---

---

The employee is unable to work.

Other:

---

---

---

---

---

It is my understanding that my patient's employing agency is relying on my medical determination(s) and recommendation(s) in determining the appropriate work assignments and accommodations for my patient. In this regard, the recommendation(s) noted above is/are my best medical judgement of the physical and/or mental capabilities of my patient to perform the essential duties of his/her position.

Physician's Name:

---

(Print or Type)

Physician's Address/Telephone Number:

---

---

---

---

---

---

(Signature)