



## ASSAULT LEAVE PROCEDURE

An employee who is unable to work because of a physical disability resulting from an assault received in the course of employment, or in the discharge of other official assigned duties of the Cleveland Metropolitan School District, shall be maintained in full pay status, on assault leave, during the period of such absence. Assault leave granted under these conditions shall not be charged against earned or unearned sick leave.

The employee shall furnish a certificate from a licensed physician stating the nature of the disability and its anticipated duration and must accompany an assault leave form furnished by the District.

Any assault leave extending for five (5) days shall be subject to review by a District-appointed physician, including a physical examination at the physician's discretion to justify the use of assault leave. Falsification of either a signed statement or a physician's certificate will be grounds for disciplinary action up to and including termination.

Any employee who wishes consideration for restoration of full pay and sick leave status (consistent with the passage and amending of the Ohio Revised Code 3319.14.3, effective September 30, 1976) may submit this request to the District. In the event that the request is rejected, the employee may file an appeal through the dispute resolution procedure.

If an employee's absence resulting from assault is covered by Worker's Compensation disability payments, the District shall provide the additional compensation that will provide the employee with the same pay rate they were receiving at the time of the assault. If the payment from the District reduces Worker's Compensation payments, the Board will make the employee whole for his/her full pay.

**EMPLOYEES FILING FOR ASSAULT LEAVE MUST FILE A WORKER'S COMPENSATION CLAIM.**

## ASSAULT LEAVE

**DEFINITION:** An employee who is unable to work because of a *physical* disability resulting from an assault received in the course of employment, or in the discharge of other official assigned duties, will be maintained in full-pay status (less any Workers' Compensation received on an assault leave) during the period of such absence. Assault leave granted under these conditions will not be charged against sick leave.

### PROCEDURES:

- Any incident should be reported immediately to building principal or administrator.
- An incident report must be filed with Safety and Security (574-8561) by the building principal, administrator or designee.
- The employee must seek medical attention within 24 hours. Workers' compensation procedures require use of the Preferred Provider Medical Facilities
- Complete and send an Application for Assault Leave to the Human Resources Department, Room 500N, Administration Building, **within five (5) days** following the assault. Forms should be available at each building.
- Employees requesting an Assault Leave must also file a Workers' Compensation claim.
- Human Resources management will review the application and when a decision has been reached you will receive a copy of the application with the decision.
- A Request to Return To Work Form must be submitted to Human Resources, Room 500North at least two (2) weeks before returning to work.

### **THE FOLLOWING MUST ACCOMPANY THE APPLICATION FOR ASSAULT LEAVE:**

1. A medical certificate from an attending physician stating the nature of the disability and its anticipated duration (Workers' Compensation uses Form Medco 14).
2. Witness statement(s). Forms are available at all building sites.
3. Incident report number, if available. (If not available, supply the name of Safety and Security staff who took report).
4. Workers Compensation claim number.
5. Signature of Principal or Immediate Supervisor

Failure to attach any of the required information will result in the application being returned to the individual due to being incomplete.

For questions or concerns, please contact Human Resources at (216) 574-8073.

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