

a

AM 208-3-1

m

*Non-Line of Duty
Options Letter*

CERTIFIED MAIL NO:

Month XX, 20XX

Employee Name
Employee Address
City, State, Zip code

Dear Employee Name:

According to the medical evaluation received from the City of Baltimore-Occupational Medical Services at Mercy Clinic, you are unable to perform the essential job functions of your position. The City of Baltimore does not provide restricted or light duty assignments on a permanent basis. Consequently, you are no longer qualified to continue in your current job classification.

You can resign at any time or you can select one of the three (3) options available to you in order to resolve your work status. On the 46th day, if you have not done one of the three (3) options below, you will be recommended for termination. **You may pursue only one (1) of the following options:**

1. Apply for disability or service retirement benefits and complete the initial application by insert date [DATE IS 45 CALENDAR DAYS FROM THE DATE OF THIS LETTER]. To determine what documents and/or medical information is required, your eligibility, and to obtain assistance in filing your application, please contact the Employees' Retirement System ("ERS") at 443-984-3200 to set up an appointment with a Retirement Benefits Analyst;
2. Seek and obtain alternative employment within and outside City government by insert date [DATE IS 45 CALENDAR DAYS AFTER RECEIPT OF THIS LETTER]; or
3. **[Only members of either the City Union of Baltimore or AFSCME Locals 44, 558 and 2202]** Contest the medical determination and request an evaluation by an independent Board certified physician with the Office of the Labor Commissioner and the Union by insert date [DATE IS 45 CALENDAR DAYS AFTER RECEIPT OF THIS LETTER].

a

AM 208-3-1

m

*Non-Line of Duty
Options Letter*

A meeting has been scheduled on insert date and time [DATE IS 7 CALENDAR DAYS AFTER RECEIPT OF THIS LETTER] in insert meeting location for you to discuss the contents of this letter; potential alternative employment within and outside the City government; as well as possible eligibility for retirement benefits.

Please note that you must respond in writing by insert date [DATE IS 7 CALENDAR DAYS AFTER THE SCHEDULED MEETING DATE WITH AGENCY HR PRACTITIONER] to inform the [insert Agency Name's] Human Resources Office of which avenue you intend to pursue. Once you make your selection, you are bound by your selection. If you fail to respond to this correspondence by insert date [DATE IS 7 CALENDAR DAYS AFTER THE SCHEDULED MEETING DATE WITH AGENCY HR PRACTITIONER], you will be recommended for termination in accordance with *PM 560 Discharge* and *Civil Service Rule 56 (2)(g) Cause for Discharge, Demotion, or Suspension*.

Sincerely,

Agency HR Practitioner Name
Agency HR Practitioner Title

cc: Office of the Labor Commissioner
Employees Retirement System
Union Representative