

**DRC Checklist for Submission of Disability Leave Request**  
**Prince George's County Office of Human Resources Management**

**PART 1: AGENCY AND EMPLOYEE INFORMATION**

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Agency

\_\_\_\_\_

Injury/Illness Date

\_\_\_\_\_

Submission Date to OMS

\_\_\_\_\_

Name of Designated Agency DL Authority

New Injury  Yes  No

Recurrence  Yes  No

\_\_\_\_\_

Initial Injury/Illness Date

\_\_\_\_\_

Name of Employee (First Name, Middle Initial, Last Name)

\_\_\_\_\_

Position Title

\_\_\_\_\_

Employee Identification Number

\_\_\_\_\_

Employee's Current Mailing Address

**PART 2: VERIFICATION OF DL ELIGIBILITY**

- Injury/Illness was sustained in direct performance of employee's assigned job duties
- Injury/Illness was reported in writing to supervisor within 24 hours of occurrence and advised that it was due to the performance of their job.
- Injury/Illness was not reported within 24 hours due to the following extenuating circumstances:  
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**PART 3: WORK-RELATED INJURY/ILLNESS DOCUMENTATION ATTACHED IN THIS ORDER:**

- Workers' Comp First Report of Injury (FROI)
- Employee Injury Form/Incident Report that clearly reports injury notification
- Witness Statement(s) (if applicable)
- Motor Vehicle Fleet Safety Report of Investigation (if applicable)
- Supervisor's Accident Investigation Report - Form 1384
- Supervisor's Follow-up and RTW Notice - Form 1383 (if applicable)
- Appointing Authority 90-day or 180-day extension Waiver Approval (if applicable)

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Signature of Designated Agency DL Authority and Date DL Eligibility Verified