



Department of Veterans Affairs Office of Inspector General

Administrative Investigation Improper Approval and Use of Leave VA Medical Center Chillicothe, Ohio



DEPARTMENT OF VETERANS AFFAIRS
Office of Inspector General
Washington, DC 20420

TO: Director, Veterans Integrated Services Network 10 (10N10)

SUBJECT: Administrative Investigation - Improper Approval and Use of Leave, VA Medical Center, Chillicothe, Ohio (2015-04374-IQ-0348)

Purpose, Finding, and Impact

The VA Office of Inspector General (OIG) received an allegation that Ms. Wendy Hepker, Director, VA Medical Center (VAMC), Chillicothe, OH, failed to take appropriate administrative action against her Chief of Staff, Deborah Meesig, M.D., J.D., after learning she allowed another physician to take a year of leave in order to meet the minimum requirement age for retirement.¹ As discussed in more detail below, we found that Ms. Hepker violated VA leave policy when she allowed Suzanne Johnston, D.O., Geriatric Extended Care Line (GECL), to go on extended leave without pay (LWOP), knowing that Dr. Johnston was not going to return to duty. While Ms. Hepker approved the extended LWOP, it does not absolve Dr. Meesig of the responsibility for recommending the unwarranted LWOP in the first instance. We further found that Ms. Hepker's approval of Dr. Johnston's extended LWOP was unrelated to a Family Medical Leave Act (FMLA) request, but rather was intended for Dr. Johnston's personal benefit to allow her to relocate and to allow her to reach minimum retirement age (MRA) so that she could retire from VA.

In total, Dr. Johnston was absent from the VAMC for 438 calendar days prior to her retirement. Although Ms. Hepker's approval of Dr. Johnston's extended LWOP violated VA's leave policy, Dr. Johnston's extended absence did not unduly hamper the VAMC's ability to provide patient care, as Dr. Johnston's position was back-filled by a newly hired physician 1 week prior to her beginning her LWOP.

Further, we found that Dr. Johnston misused 60 days of sick leave when she used it for unauthorized purposes while she was on extended absence. By her own admission,

¹ As a companion matter, the OIG also received an allegation that Ms. Hepker, in 2014, offered a pizza party to all Chillicothe VAMC workgroups obtaining a 75 percent completion rate of the employee satisfaction survey administered by VHA's National Center for Organization Development. We found that only non-appropriated Veterans Canteen Service (VCS) Promotional Funds were used for the pizza parties, and Ms. Hepker properly used the VCS funds.

Dr. Johnston used her annual leave and sick leave in combination with LWOP to avoid losing service credit and until she reached MRA, and to maintain her Federal health insurance while on extended absence. VA's leave policy states that sick leave is used when the employee is incapacitated for the performance of their duties because of personal illness, disease, injury, for necessary medical, dental or optical examination or treatment, or when caring for a sick family member of the employee. For the first 6 months of Dr. Johnston's absence, Ms. Hepker was unaware that she used sick leave in combination with LWOP, but once she learned of it, she took no action to stop it and approved her to use the balance of her sick leave. Dr. Johnston's misuse of sick leave cost VA more than \$47,600.

Objective, Scope, and Methodology

To assess the LWOP allegation, we interviewed Ms. Hepker, Dr. Meesig, Dr. Johnston, Dr. Johnston's former supervisor, and other current and former VA employees. We reviewed personnel records, leave records, contractor employment records, and VA electronic mail records. We also reviewed Federal laws, regulations, and VA policy.

Background

Ms. Hepker was appointed to the career Senior Executive Service (SES) position of Director at the Chillicothe VAMC in June 2012. Previous to her SES appointment, she served as the Deputy Director, Southwest Health Care Network 18; Associate Director, Northern Arizona VA Health Care System; Health Systems Specialist/Executive Assistant to the Director, VA Southeast Network 7; Patient and Community Care Service Chief, VAMC Spokane, WA; and Quality Manager for Care Coordination/Home Telehealth, in VA Central Office. Ms. Hepker began her VA career in August 1995 as a Social Worker at the VAMC Spokane, WA.

Dr. Johnston was first appointed as a VA physician in July 1996 at the Beckley, WV, VAMC. In November 2000, she was reassigned to the Chillicothe VAMC where she worked until her extended leave of absence began on November 18, 2013. In May 2014, while still on the employee rolls at the Chillicothe VAMC, Dr. Johnston was employed as a contract physician at the VA San Diego Healthcare System (SDHS) in San Diego, CA. Dr. Johnston retired from the Federal service on January 31, 2015.

Results

Ms. Hepker Improperly Approved LWOP and Sick Leave for Dr. Johnston

VA's Hours of Duty and Leave policy states that, except for those situations involving statutorily-mandated types of leave (e.g., FMLA, workplace injuries involving the Office of Workers' Compensation (OWCP), or leave entitlements limited to military reservists),

LWOP is a temporary non-pay status and absence from duty, to be granted only on the employee's request. However, absent one of the exceptions set forth above, employees have no entitlement to LWOP as a matter of right. Rather, the granting of LWOP rests in the discretion of the agency. One of several preconditions is that the LWOP is not to be approved unless there is an expectation that the employee will return to duty in VA at the expiration of the LWOP period. Further, VA policy requires that it is "clearly indicated that one or more of the following advantages will accrue to the service: (a) The value of the employee will be increased; (b) Training of the employee in a specialty needed by VA; (c) Retention of a capable employee in an area where recruitment of qualified personnel is difficult; and (d) Protection or improvement of employee's health." VA Handbook 5011, Part III, Chapter 3, Paragraphs 10(a)(1) and 10(b)(1).

VA's leave policy further states that sick leave shall be granted to an employee when the employee is incapacitated for the performance of duties because of personal illness, disease, injury, pregnancy and confinement, for necessary medical, dental or optical examination or treatment, or when a member of the immediate family of the employee is afflicted with a contagious disease and requires the care and attendance of the employee; or when through exposure to contagious disease the presence of the employee at the post of duty would jeopardize the health of others. *Id.*, at Paragraph 5a. VA physicians appointed under 38 USC 7401, as with Dr. Johnston, are charged annual and sick leave in increments of 1 calendar day and multiples thereof. *Id.*, at Paragraph 5b(1).

Chillicothe VAMC's policy on leave administration states that LWOP requests will "normally" not be approved unless the employee is expected to return to duty, whereas VA's national leave policy reflects that LWOP "will not" be approved if the employee is not expected to return to duty. The VAMC's leave policy further states that requests for LWOP over 40 hours must be approved by the Medical Center Director. Chillicothe VAMC Policy Memo No. 05-01 (Leave Administration), Paragraph 4(j), (January 2013).

Dr. Johnston's Decision to Move to San Diego and Request LWOP

Dr. Johnston told us that both her mother and husband passed away within a few months of one another from lengthy illnesses in 2012 and both were buried in San Diego, CA. She was previously granted LWOP in October 2012 to attend to her relatives' affairs. This report, however, arises out of management's granting her an additional period of LWOP beginning in November 2013. Like Dr. Johnston, her late husband was also a VA physician. Shortly afterwards, Dr. Johnston's daughter decided to leave the Chillicothe area and transfer to a college in San Diego. Dr. Johnston said that it was difficult for her to live alone in Chillicothe and desiring to relocate to San Diego, she requested to be transferred to the VA SDHS.

Dr. Meesig told us, "[Dr. Johnston] was very unhappy. She would come into my office crying about how sad she was to be by herself and everything. And, she was looking for jobs at other VA's. She tried to find a job at San Diego, and our previous Director, Jeff

Gering, was the Director at San Diego. And I contacted him to see if he could help her find a position there. He was unable to help her find anything.”

Dr. Johnston said that in or about January 2013, when she was unable to find VA employment in San Diego, she decided to retire. She said she spoke with a human resources (HR) employee whose name she could not recall at the Chillicothe VAMC about retirement, and she was told that she was not eligible, since she had not yet reached her MRA. Personnel records reflected that Dr. Johnston’s birthdate, and the U.S. Office of Personnel Management’s website confirmed that the MRA of an employee with that birthday was 56 years of age. Therefore, Dr. Johnston was not eligible to retire until January 15, 2015.

Dr. Johnston said that the HR employee told her that she would have to request LWOP. Dr. Johnston then asked her supervisor, Dr. Jeffrey Hunter, former (resigned) GECL Manager, if she could go on LWOP until she was eligible to retire. She said that after Dr. Hunter spoke with Dr. Meesig and/or Ms. Hepker, he verbally approved her request, subject to being able to hire another physician to replace her. Dr. Johnston said that Dr. Hunter later asked her to submit her LWOP request in writing, and she “sent it through Outlook” sometime between May and July 2013.

Dr. Hunter told us that he could not recall how the leave was requested. He said, “It could have been an email to me and Dr. Meesig, or a memo to me or a memo to me and Dr. Meesig. It could have been an email or a memo to Dr. Meesig with a copy to me. That’s likely how it would have [been] for a request.” Dr. Hunter said he did not think that he would have gone to HR with the request and that he would have taken it directly to Ms. Hepker because of the nature of the request. Dr. Hunter further stated:

“[Dr. Johnston] decided she wanted to move, but she was concerned because she was close to – I’m thinking – was it 20 years maybe? She was close to her retirement, and I just – what sticks in my mind is there was – she was something like 15 months short of that, which would have been like January of 2015...Um, so she, she asked, uh, the – let's see, I think it was Dr. Meesig, and then Dr. Meesig and I presented this to Ms. Hepker, and Ms. Hepker said yes, that basically what we could do is that she would burn out her, uh, her AL, whatever she had left, um, and then once that was done and she would go on leave without pay, and I just – I can't remember if Ms. Hepker signed a memo to that effect or if it was an email, but there was something – it was either email or a memo where Ms. Hepker approved that that's what she – was going on with Dr. Johnston.”

Dr. Meesig said that Dr. Johnston told her she could not take it anymore [being alone] and wanted to leave the VA and that she was almost old enough to retire. Dr. Meesig said, “I think she cooked up this idea with [Dr. Hunter], that she was going to use out the rest of her leave and she still had some time that she needed to be able to make it to

retirement age, that she wanted to take leave without pay.” Dr. Meesig said that she then talked with Ms. Hepker who approved Dr. Johnston’s LWOP request.

When asked if she approved Dr. Johnston’s LWOP, Ms. Hepker told us, “I would have had to, but I can’t recall right off the top of my head. And the reason I say I would have had to is because anything on an extended basis would require my approval.” Ms. Hepker further said that Dr. Johnston’s request should have gone to Dr. Hunter first, who should have then taken it HR. She said that HR would “make sure that it was properly documented and that there was no adverse accumulation of leave or other things happening while the she was on leave without pay.” HR would then forward the request to her. Dr. Meesig corroborated Ms. Hepker’s statement, saying, “...our HR knew about it. And, I mean, I’m no like – it’s not like I was the only one.”

VAMC Chillicothe Unable to Provide Documentation

We asked Ms. Hepker, Dr. Hunter, Dr. Johnston, and employees in the VAMC HR office for documentation regarding Dr. Johnston’s LWOP request, but they could not find it. Ms. Hepker told us she recalled approving Dr. Johnston’s LWOP request and that the documentation should have been filed in the HR office. Mr. Terrance Andrews, HR Employee Relations Specialist, told us that Ms. Hepker revised the medical center’s leave management policy and put control processes into place designed to catch any “lapses or any outliers.” He said it was his job to conduct a technical review of all such requests before it was sent to Ms. Hepker; however, he said he never received any documentation pertaining to Dr. Johnston’s request for LWOP. During a search of VA email records, we did not find Dr. Johnston’s purported email containing her request for LWOP. In addition, there was no record in Dr. Johnston’s official personnel file of her being placed on LWOP in November 2013.

Dr. Johnston’s Use of Sick and Annual Leave in Combination with LWOP

Records reflected that Dr. Johnston’s replacement was hired on November 3, 2013, and Dr. Johnston said that she assisted him on-the-job for several weeks before she left. Leave records reflected that Dr. Johnston began using sick leave in combination with LWOP on November 18, 2013. The general pattern of usage was 3 days of LWOP and 2 days of sick leave for the first week of the pay period followed by 2 days of LWOP and 3 days of sick leave for the second week. Dr. Johnston continued using sick leave in combination with LWOP until April 14, 2014, when she began using annual leave, in addition to sick leave, in combination with LWOP. Dr. Johnston told us that she used her annual and sick leave in combination with LWOP because the unrecalled HR employee told her that only the first 6 months of LWOP would give her credit for retirement and that she would lose her health insurance if she went on LWOP fulltime. She said the HR employee told her to, “Put sick leave and annual leave and spread it out. It’s good for insurance, and it’s good for retirement.”

About 2 months after Dr. Johnston's departure, staff began to inquire about her employment status at Chillicothe. On January 23, 2014, an IT specialist sent an email to the HR office and the GECL line, stating, "I was working in active directory and saw that Dr. S. Johnston still has an account. She also still has equipment from here. She has not logged on since sometime in November and I heard she moved to California. Is she still employed here?" In response to the email, Mr. Terry McQuirt, Administrative Officer, GECL, replied, "It is my understanding after speaking with Dr. Hunter that Dr. Johnston is on extended leave and Dr. Johnston will retire upon coming back off of this extended leave. This is a deal that was worked out between the [VAMC] Director, HR, and Dr. Johnston. That is the extent of our knowledge at this point."

Ms. Ericka Stukes, Supervisory HR Specialist, Chillicothe VAMC, told us Ms. Hepker was "trying to get a grasp on the leave program at Chillicothe, and she wanted to make sure there was some accountability there." Ms. Stukes said the HR office was attempting to identify all employees who were on extended leave of absences and Dr. Johnston's name came up. In a May 2, 2014, email exchange between Ms. Stukes; Dr. Meesig; and Mr. Walter Bennett, former (reassigned) Chief, Employee Labor Relations, the following discussion took place:

Ms. Stukes to Dr. Meesig: HRMS was doing some research and found that Dr. Johnston is still an employee in Geriatrics; however she has not been here since the Fall of 2013. We recruited Dr. Wadhwa to replace Dr. Johnston; he started November [1]3, 2013. As it stands, we have one FTE that is double-[e]ncumbered, which is not reflected on the org chart and the budget for Geriatrics has not taken this into account. Geriatrics has been granting Dr. Johnston AL and SL for quite some time. Has Dr. Johnston submitted any medical documentation to be off for an extended period? It is our recommendation that we have her officially resign to get her off the rolls.

Dr. Meesig: The Director agreed to allow her to take LWOP for an extended period of time since she was unable to find a job in the VA. There should be email documentation of this. I don't have it, since I couldn't approve it."

Ms. Stukes: Ok, she is taking a combination of SL, AL, and LWOP. It's not all LWOP, we can gather the timecards from Payroll if you'd like."

Mr. Bennett: Dr. Meesig, I checked with our Leave Specialist and we do not have any documentation on the file for LWOP or Sick Leave of more than 30 total days. If you have some please forward so we can update the employee's records.

Dr. Meesig to Ms. Stukes and Mr. Bennett, with Ms. Hepker on copy: "The Director should have it. She had to approve it, Dr. Johnston wasn't reporting to me at the time."

Ms. Hepker: “Please check with GEC[L]. The approval memo which I signed was sent back through Dr. Hunter/GEC[L].”

On May 12, 2014, an email chain between HR employees, Subject: FW: Geriatrics (Dr. Johnston), resulted in the following exchange:

Mr. Bennett to Mr. Andrews: Terry, Please set up a meeting with Dr. Johnston’s time keeper to determine if she has FMLA on file with the Service. She currently does not have any LWOP or FMLA requests on with Sandra. Per the director, the employee needs to burn off the rest of her Annual Leave and plan for separation/retirement whatever she is eligible. We also need to determine what the Time Keeper was doing/using to support the approval of the intermittent LWOP, Sick Leave, Annual Leave and let the Director know.”

Mr. Andrews to Ms. Stukes: Can you tell me anything about this? Both Dr. Hunter and Dianne Cushing are not here anymore. Why is this Physician out – who put her out – we have no leave paperwork (Advanced, LWOP, FMLA).

Ms. Stukes to Mr. Andrews: Terry McQuirt replaced Dianne Cushing [as the Administrative Officer in Geriatrics]. This morning when I spoke to Ms. Hepker, she stated that she believed the memo approved Dr. Johnston being out until the end of the year. She was not on FMLA; it sounds like the director just gave approval via a memorandum.”

When asked about Ms. Stukes’ statement that “Ms. Hepker...believed the memo approved Dr. Johnston being out until the end of the year,” Ms. Hepker told us, “It was my understanding it was contiguous leave without pay, not the approved sick leave or annual leave, and I thought it was up to a year. I generally do those in 90-day increments, so we come back and review them with the intent that, as I said before, the intent that she was transferred to the other facility.”

Upon discovering that Dr. Johnston was using annual and sick leave in combination with LWOP and there was no documentation for any of it, Dr. Rajiv Wadhwa, who at the time was the Acting GECL Manager, sent a memorandum (Wadhwa Memo), dated May 30, 2014, to Ms. Hepker about Dr. Johnston’s leave agreement. Although the documentation for Dr. Johnston’s original request for LWOP and Ms. Hepker’s approval of it could not be located, Dr. Wadhwa’s memorandum referred to the prior “agreement.” In his memorandum, Dr. Wadhwa stated:

1. GECL is requesting leave without pay for Dr. Suzanne Johnston due to a reassessment of the agreement she made before leaving the facility November 2013. The following information is provided as an endorsement to this request.

- a. Dr. Johnston submitted leave requests beginning in November 2013 that continued until January 15, 2015. Those requests have been reevaluated by Human Resources and changes have been proposed.
- b. The proposed changes are that Dr. Johnston will exhaust her Annual Leave and Sick Leave balances and then be placed on leave without pay until January 15, 2015.
- c. As of May 30, 2014, Dr. Johnston's Annual Leave balance is 70 days and her Sick Leave balance is 2.5 days. Using these days will place her on leave status through September 11, 2014. During this time she will accumulate an additional 7 days of Annual Leave and 3.5 days of Sick Leave. While she is using this leave she will accrue an additional day of Annual Leave, which will result in Dr. Johnston exhausting her leave on September 29, 2014.
- d. GECL is requesting approval for 73 days of Leave Without Pay, which will cover the period from September 30, 2014 to January 15, 2015.

The Wadhwa Memo did not provide a reason, justification, or any source documentation for the LWOP. Dr. Wadhwa said he was unfamiliar with Dr. Johnston's original leave agreement, and he never actually reviewed the documentation pertaining to it. He said he was new to his position and just signed the May 30 memorandum under the presumption that someone else did the "reassessment" of Dr. Johnston's original leave agreement.

On June 16, 2014, Ms. Hepker signed the Wadhwa Memo approving Dr. Johnston's LWOP until January 15, 2015, and specified that she had to exhaust all of her annual and sick leave before starting LWOP. However, by this time, leave records showed that Dr. Johnston already used 53 days of sick leave in combination with LWOP.

Ms. Hepker said that she was unaware that Dr. Johnston needed LWOP in order to have enough time to retire. Referring to the Wadhwa memo, Ms. Hepker told us, "To the best of my recall, it was presented to me, uh – I don't even recall it being presented to me. To the best of my recall, I signed it because I thought it was necessary to finish the – to – to complete what we had approved before." When asked what it was that she had approved before, Ms. Hepker said, "A leave without pay period of time, so that she could transition to another facility."

Dr. Meesig told us that Dr. Johnston's LWOP was approved for the purpose of allowing her to be able to retire. When asked if Ms. Hepker made the decision to allow Dr. Johnston to go on LWOP in order to retire, Dr. Meesig said, "I think she wasn't happy about it, but I think she felt that we had made a commitment to [Dr. Johnston] to let her do this and that, uh, it was close to that point. I was part of that decision. I'm not going to throw her under the bus, but I was part of that decision." Dr. Meesig further said, "And, there was – I mean, it was a real conundrum that we found ourselves in, that, you

know, [Dr.] Hunter had this deal with her, and we felt as though there was a commitment made to her by our organization that she was relying on.”

When confronted, Ms. Hepker told us, “I said all along that I did grant the extended leave without pay. I – whether that ends up in a retirement at the end or a transition to the new facility, I, I don’t understand what, what the difference is on that.” Ms. Hepker said she heard that Dr. Johnston was working at the San Diego VAMC, and “when I heard that, I assumed it had worked for her, so she was no longer even needing leave without pay.” When ask why she approved the Wadhwa Memo when she believed that Dr. Johnson no longer need LWOP, Ms. Hepker said:

Um, the only, the only thing I can – the – I don’t even recall receiving [the Wadhwa Memo]. The only thing I could think of is that they would explain she was not picked up. Um, when I saw the, when [I] saw the memo again, it said an adjustment to what we had previously done...Um, it, it should have shown that there was an error in something previous, but I can’t explain it without the document, and even [Dr. Wadhwa’s May 30 memorandum] doesn’t make a lot of sense to me.

When asked if she felt a sense of obligation to Dr. Johnston because she was originally promised that she could go on LWOP in order to retire, Ms. Hepker told us, “No, not that I recall. I recall only the very casual conversation about she's transferring, et cetera, *she may retire.*” (Emphasis added.) However, after she said this, she also said:

I don't recall retirement being part of the decision matrix...on this for me. I don't know the rules of the in and out of the retirement. Um, and in reading that memo, the only thing I can say is that I looked at it and saw, okay, we're stopping the every other week leave, going to make her use it, and then she's done...As you said, making her resign would've been the better thing and I, I don't know why, I don't know why it wasn't recommended to me, and I don't know why I didn't do it.

Employment records obtained from Vista Staffing Solutions (VSS), Inc., a VA contractor who provided physician services to VA, reflected that Dr. Johnston was employed by VSS on May 12, 2014, and worked at VA SDHS as a contract physician. On June 13, 2014, Ms. Mei Brown, IT Specialist, Chillicothe VAMC, sent an email to HR staff inquiring about Dr. Johnston’s status, as follows:

Ms. Brown: Hi ladies – What is happening with Dr. Suzanne Johnston? The TMS National helpdesk said that San Diego VA requested for her TMS account to be transferred to them. The problem is the TMS National helpdesk made the transfer and our local PAID brings it back to our TMS. Help!”

Ms. Debra McQuiniff, HR Assistant: At this time Dr. Johnston is still an employee of ours, and is on extended leave. Not sure about what might be in the

works for another VA. I have talked with her service [GECL] and they are not aware of this either. I am going to include Walt [Bennett] on this message, he may have more information.”

Mr. Bennett: When I spoke with [Dr. Johnston] two weeks back she was working as a contractor at the San Diego VA. We recently processed a leave request for her and I believe that she has intentions of either transferring to the San Diego VA when her leave is finished or retiring. She would have to come back here at some point to clear the stations either way.”

Mr. Jeffrey Gering, VA SDHS Director confirmed for us that Dr. Johnston was not working at VA SDHS as a VA employee. He said she was an employee of a VA contractor they used to temporarily fill-in for VA physicians who were on leave or otherwise on authorized absence. Mr. Gering said that Dr. Johnston asked him if he would transfer her to VA SDHS. He said he referred Dr. Johnston to the VA SDHS Primary Care Line Manager, but there were no VA positions available.

Personnel records reflected that Dr. Johnston was placed on LWOP, on September 29, 2014, not to exceed January 15, 2015. This corresponded with the Wadhwa Memo that was approved by Ms. Hepker, and with leave records that showed Dr. Johnston exhausted her leave balances prior to being given full LWOP. Personnel records further reflected that Dr. Johnston was granted an extension of LWOP, effective January 15, 2015, not to exceed February 28, 2015. Ms. Hepker said she did not recall approving the extension, and other than a Notice of Personnel Action (Form SF-50) in Dr. Johnston’s official personnel file reflecting the extension, there was no other supporting documentation for the extension. Personnel records reflected Dr. Johnston retired on January 31, 2015.

Conclusion

The evidence developed during the course of the investigation indicated that Ms. Hepker improperly authorized Dr. Johnston to be placed on LWOP. As a condition of approval, VA’s national leave policy required there to be an expectation that Dr. Johnston would return to duty in VA at the expiration of the LWOP period. The local leave policy, Chillicothe VAMC Policy Memorandum No. 05-01 (Leave Administration), however, was somewhat less restrictive, in that it stated that, under “normal” circumstances, the rule regarding the expectation of a return to duty should be followed.

In any case, there was no such expectation in this case, since Dr. Johnston intended to permanently relocate to San Diego even though she was unable to find a VA position there. While Ms. Hepker claimed that she approved the LWOP in order to allow Dr. Johnston to “transition” to San Diego, a preponderance of evidence indicated that Ms. Hepker knew that Dr. Johnston had not found another VA position in San Diego and was moving there to retire. We further found credible the testimony from Dr. Meesig that Ms. Hepker approved Dr. Johnston’s LWOP so that she could retire.

Under VA's national leave policy, Dr. Johnston's request for extended LWOP ought not to have been approved. In retrospect and viewed from a dispassionate point of view, when Dr. Johnston's efforts to continue her federal career at the VA in San Diego failed, Ms. Hepker's approval of the LWOP was for Dr. Johnston's personal convenience, and not VA's. Dr. Meesig and Mr. Gering made reasonable efforts to find Dr. Johnston VA employment at SDHCS. However, when those efforts were unsuccessful and Dr. Johnston expressed her desire to relocate regardless, local VA management should have offered her two choices: Continue working at VAMC Chillicothe until becoming eligible for retirement on her 56th birthday or until such time her transfer to San Diego could be effected; or resign. In retrospect, Ms. Hepker acknowledged that she should have required Dr. Johnston to resign rather than approving the LWOP. However, if there is fault to be had in this unfortunate situation, it lies with local management and the local guidance, rather than Dr. Johnston.

We also found that Dr. Johnston misused her sick leave when she used it for unauthorized purposes. Although Dr. Johnston claimed that someone in HR told her she should use her sick leave the way she did, she was unable to recall the name of the HR employee. Dr. Johnston used the bulk of her sick leave, 53 days, without Ms. Hepker's knowledge. However, after learning that Dr. Johnston was using her sick leave, Ms. Hepker failed to take corrective action to stop it and approved the Wadhwa memo calling for Dr. Johnston to exhaust all of sick leave before being placed on LWOP. Ms. Hepker was a VA employee for nearly 19 years, and served in increasingly higher-level positions as a supervisor, manager, and senior executive. With this amount of experience, Ms. Hepker should have known that Dr. Johnston's use of sick leave violated VA policy. The total loss to the VA for Dr. Johnston's sick leave was more than \$47,600.

Recommendation 1. We recommend the Network Director confer with the Offices of Human Resources and General Counsel to determine the appropriate administrative action to take, if any, against Ms. Hepker.

Recommendation 2. We recommend the Network Director confer with the Offices of Human Resources and General Counsel to review Dr. Johnston's improper use of sick leave, and consider whether VA should seek recoupment or waive the improper pay and allowances in accordance with VA Financial Policies and Procedures § 010508.

Recommendation 3. We recommend the Network Director confer with Ms. Hepker to review and revise the local VAMC leave policy, Policy Memorandum No. 05-01 (Leave Administration), to ensure it is consistent with VA's policy, VA Handbook 5011, limiting the approval of LWOP to employee's who are reasonably expected to return to duty.

Comments

The Director, Veterans Integrated Services Network 10, was responsive, and his comments are in Appendix A. We will follow up to ensure the recommendations are fully implemented.



JEFFREY G. HUGHES
Assistant Inspector General for
Investigations

Network Director's Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 24, 2017

From: Director, VISN 10 (10N10)

Subject: Administrative Investigation – Improper Approval and Use of Leave, VAMC Chillicothe, OH

To: Assistant Inspector General for Investigations (51)

1. I have reviewed and concur with this Administrative Investigation—Improper Approval and Use of Leave, VAMC Chillicothe, OH.
2. I will ensure that the corrective action plan is executed and all actions completed.
3. If you have any questions, please contact Ms. Jane Johnson, VISN 10 Quality Management Officer, at (513) 247-2838.

Robert P. McDivitt FACHE
Network Director, VA VISN 10
Robert P. McDivitt, FACHE

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Network Director's Comments to Office of Inspector General's Report

The following Network Director's comments are submitted in response to the recommendation(s) in the Office of Inspector General's Report:

Recommendation 1. We recommend that the Network Director confer with the Offices of Human Resources and General Counsel to determine the appropriate administrative action to take, if any, against Ms. Hepker.

Comment: I concur with the recommendation and will work with Regional Counsel and Office of Accountability Review (OAR) to review the allegations and OIG findings and will take appropriate administrative actions.

Recommendation 2. We recommend that the Network Director confer with the Offices of Human Resources and General Counsel to review Dr. Johnston's improper use of sick leave, and consider whether VA should seek recoupment or waive the improper pay and allowances in accordance with VA Financial Policies and Procedures § 010508.

Comment: I concur with the recommendation and will work with Regional Counsel, Human Resources, and Finance to determine appropriate actions.

Recommendation 3. We recommend that the Network Director confer with Ms. Hepker to review and revise the local VAMC leave policy, Policy Memorandum No. 05-01 (Leave Administration), to ensure it is consistent with VA's policy, VA Handbook 5011, limiting the approval of LWOP to employee's who are reasonably expected to return to duty.

Comment: I concur with the recommendation and the VISN Quality Management Officer (QMO) will work in conjunction with the Acting Medical Center Director to review and revise the VAMC leave policy, Policy Memorandum No. 05-01 (Leave Administration) to ensure its consistency with VA Handbook 5011. These changes will be completed by 4/7/2017.

OIG Contact and Staff Acknowledgments

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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