



**TEXAS CITY ISD**  
**HUMAN RESOURCES OFFICE**  
**RETURN-TO-WORK**

Employee Name \_\_\_\_\_ Date of Illness/Injury \_\_\_\_\_

Date Employee is released to work \_\_\_\_\_

Release to Full Duty:                      YES        or        NO

(If NO, Human Resources Office will communicate with supervisor to determine if restrictions listed on physician's statement will preclude the employee from returning to their assigned job.)

\_\_\_\_\_  
Human Resources Coordinator Signature

\_\_\_\_\_  
Date

COMMENTS:

CC: Campus Secretary/Dept.  
Vera Robinson  
Carrie Jones