

HERTFORD COUNTY PUBLIC SCHOOLS
Fitness for Duty Certification Notice of Intent to Return to Work

You are required to provide a fitness for duty certification and intent to return to work prior to reporting to work from a leave of absence due to medical reasons (i.e. serious illness, worker's compensation, short term disability, etc.)

Please have the health care provider who is knowledgeable regarding your reason for using FMLA leave and/or Worker's Compensation Leave complete this form and return the completed form to Human Resources at least two business days prior to your return to work.

Employee Name: _____
Date Leave Began: _____ Expected Date of Return: _____

TO BE COMPLETED ONLY BY THE HEALTH CARE PROVIDER

I have reviewed a job description, performance plan, or other written description of the above named patient's job duties. ____ Yes ____ No

Is the employee now able to perform the essential functions of his/her job that could not previously be performed because of the serious health condition or worker's compensation injury for which the employee has been on leave? ____ Yes ____ No

____ Date patient is able to return to work on: _____

____ The patient can return to work with no restrictions.

OR

____ The patient can return to work with the following time, duty, or other restrictions:

____ Permanent Restrictions ____ Temporary Restrictions, until: _____

Signature of Health Care Provider

Type of Practice Street Address

Telephone number

City, State, Zip

Approval of HR Representative: _____ **Date:** _____