CHANDLER UNIFIED SCHOOL DISTRICT

RETURN TO WORK FORM

EMPLOYEE INFORMATION

NAME: _____ **DATE:** _____

JOB TITLE: _____ **WORK SITE**: _____

TERMS OF RETURNING TO WORK FROM MEDICAL LEAVE

Employees who have been on a medical leave of absence must have a physician's release prior to returning to work. This form should be presented to the physician for their completion and signature after your office visit. If the physician establishes restrictions at the initial visit, the employee should present this form at each follow up visit for an updated medical status. Once the employee has the signed Return to Work Form, please submit it to the Chandler Unified School District Benefits Department. Employees must not return to work from a medical leave of absence until the Benefits Department authorizes the return.

PHYSICIAN'S REPORT

Please provide the Chandler Unified School District with your evaluation of the above named employee by the checking the applicable items below. Please sign below after completion of the report.

☐ **Release to Full Work Capacity effective:** _____ (Date)

☐ **Release to Work with the following Restrictions effective:** _____ (Date)
Restrictions are in effect through _____(Date)
(HR APPROVAL REQUIRED TO RETURN TO WORK IF EMPLOYEE HAS RESTRICTIONS)

Please check all that apply:

- ☐ No overhead lifting/reaching
- ☐ No lifting over _____ pounds
- ☐ No pushing/pulling over _____ pounds
- ☐ No bending, climbing, crawling, kneeling or squatting
- ☐ Limit to standing for _____ minutes. Then must be off feet for _____ minutes.
- ☐ Limit to sitting for ____ minutes. Then must change position for ____ minutes.
- ☐ Limit to walking for ___ minutes. Then must be off feet for ____ minutes.
- ☐ Other Restrictions: _____

☐ **BUS DRIVERS ONLY:** I verify that this employee meets the Physical Qualifications according to USDOT CFR.41 and ADPS, AAC R17-9-102 and may return to full work capacity effective: _____

A follow up appointment has been scheduled for: _____(Date)

PHYSICIAN SIGNATURE: _____ **Date**: _____

HR APPROVAL : _____ **Date:** _____