



South San Antonio Independent School District

HUMAN RESOURCES
EMPLOYEE BENEFITS & LEAVE

1450 GILLETTE BLVD, SAN ANTONIO, TEXAS 78224
PHONE: 210-977-7042 or 210-977-7043; FAX: 210-939-6123 Email: BENEFITS@SOUTHSANISD.NET

Employee's Name: _____ **Position:** _____

Directions: This form must be completed by your health care provider and returned to the **South San Antonio ISD Human Resources- Benefits Office** at least **5** working days prior to your return to work. This form should be used by the provider to assess your ability to perform your job duties.

Fitness for Duty (to be completed by the Health Care Provider.)

Based on the employee's job and medical condition:

- Employee is able to return to work as of _____ (date) full duty with no restrictions.

- Employee is able to return to work as of _____ (date) with the following restrictions (please note in the space below), which are expected to last through _____ (date).

- Employee is not able to return to work as of _____ (date) and will be reevaluated on _____ (date).

Signature of Health Care Provider:

Date:

Health Care Provider's Information (Please print & include all information below)

Name: _____

Address: _____

Phone Number: _____