

FRANKLIN CENTRAL SUPERVISORY UNION

Return to Work Form

For Employees on Health Related Leaves

Today's Date: _____
Please print in ink

Work Location

Central Office Bellows Free Academy Northwest Tech Ctr Collins Perley St. Albans Town St. Albans City Fairfield

Employee Information

Name: _____ **Employment:** Full Time Part Time

Employment Group: Administrator Teacher Support Other: _____

I authorize my healthcare provider to release information about my about my health condition(s) as it pertains to my work.

Employee Signature: _____ **Date:** _____

To be completed by the Principal/Supervisor:

Is there a possibility of other temporary work/assignments available in the department? Yes No

In reviewing a typical workday, please identify those items that are essential/non essential activities of the employee's job:

Activity/Function	Essential	Non Essential	Activity/Function	Essential	Non Essential	Activity/Function	Essential	Non Essential
Sitting			Distance Vision			Conflict Resolution		
Standing			Peripheral Vision			Problem Solving		
Walking			Close Vision			Creative Thinking		
Climbing			Hearing			Time Pressures		
Reaching			Collaboration/ Interpersonal skills			Working in Temperature Extremes		
Bending			Speaking/Lecturing/ Presentation Skills			Adapt to Frequent Changes		
Twisting			Manual Dexterity			Grasping		
Pushing			Lifting 10-20 lbs.			Repetitive Hand/ Wrist Motion		
Pulling			Lifting 21-40 lbs.			Work at Heights		
Crawling			Lifting 40 or more lbs.			OTHER:		
Kneeling			Driving					
Balancing			Decision Making					

Principal/Supervisor : _____ Date: _____

To be completed by a Healthcare Provider:

To enable the employee to return to work, complete the following section, sign and return the form to: FCSU Business Office, 28 Catherine St., St. Albans, VT 05478. Please consider the position description and/or the principal/supervisor's evaluation of the position prior to responding to this form.

1. Is the employee totally able to perform work at this time? Yes No, estimate the period of disability: _____
2. Is the employee able to perform the duties with limitation? No Yes, please describe limitations on the employee's duties and suggest accommodations below:

3. Considering the above listed activities, does the employee pose a direct threat (a significant risk of substantial harm) to the health and/or safety of him/herself? No Yes Or to others? No Yes, then what accommodations would eliminate risk or reduce the risk to an acceptable limit?

4. In an 8- hour workday, how much weight and frequency may the employee lift? Weight: _____ lbs./Frequency: _____

Healthcare Professional Signature: _____ **Date:** _____

The Franklin Central Supervisory Union retains the right to request a returning employee submit to a secondary examination by a provider of the districts choosing. The employees return to work will not be postponed pending this examination.

INSTRUCTIONS FOR COMPLETING THE RETURN TO WORK FORM

Overview of FMLA

In keeping with state and federal Family Leave Act requirements, it is necessary to inform employees at the time they go out on a medical leave that it will be time covered under the Family Leave Act and will run concurrently with any contractual or stated leave benefit (paid or otherwise) provided.

The total amount of time allowable under FMLA is 12 weeks in a 12-month period. The federal law allows for up to 12 weeks of this time to be paid if the employee chooses and if a paid benefit is available. Under Vermont law, six weeks of the 12-week period may be used in combination with a paid benefit, if the employee so chooses.

Also under the FMLA, employees must be notified at the commencement of their leave that a "fit for duty" form, such as the attached form will be required in order to return to work.

Supervisor/Principal's Instructions for completing this Return to Work Form

1. Supervisors/Principals should ensure that a current job description is written and on file. If there is no job description or it is not current, please contact the HR Director for assistance in drafting one.
2. Review the current job description and the ADA approved essential requirements to perform the job. Using this information complete the Principal/Supervisor evaluation of the job. As the principal/supervisor it is important that you make an educated judgement on the kinds of activities and the duration of the activity during the usual 8-hour work day.
3. If there is other temporary work or alternative assignments available in your department please check the appropriate box. Please feel free to contact Human Resources if you have a question about this.
4. If there are unique duties/tasks, schedules or issues around the employee's job, please state.
5. Sign the form and return with the current job description to the Business Office.

Employee's Instructions for completing this Return to Work Form

1. In order to ensure a timely return to work and/or to identify any necessary accommodations you may require, this form must be completed and returned to the Business Office prior to your date of return to work.
2. You will need to sign the form to release information about your health condition as it relates to your work.
3. After completing your section, please share this form with your healthcare provider for completion. In order for your healthcare provider to have a clearer idea of the requirements of your job, please make sure that a current job description is attached.
4. Once the form has been completed, please return this to the Business Office. Please contact your Principal/Supervisor or Business Office if you have questions about this form.

Healthcare Provider's Instructions for completing this Return to Work Form

1. To enable the employee to return to work as quickly as possible, please review the essential functions of the job.
2. If the employee is unable to return to work or unable to perform the essential functions of the job as listed, please complete the first few questions and return to FCSU Business Office, 28 Catherine Street, St. Albans, Vermont 05478 or return to the employee/patient.
3. If the employee is able to return to work or is able to perform some of the essential functions of the job as listed, please complete and return to FCSU Business Office, 28 Catherine Street, St. Albans, Vermont 05478 or return to the employee/patient
4. Please affix your signature prior to returning the form. You may keep a copy for your records. Should you have questions, please feel free to contact the FCSU Business Office at (524-2600). Thank you.

Per §825.310, the Franklin Central Supervisory Union retains the right to request a returning employee submit to a secondary examination by a provider of the districts choosing. The employees return to work will not be postponed pending this examination.