



# SYRACUSE CITY SCHOOL DISTRICT

Pamela J. Odom, Superintendent of Schools

## OUT OF WORK FORM

### FOR EMPLOYEES TAKEN OUT OF WORK DUE TO MEDICAL REASONS

Send completed form to [healthservices@scsd.us](mailto:healthservices@scsd.us)

Mail to Health Services, 725 Harrison St, Syracuse, NY 13210

If you have any questions, contact Health Services at 315-435-4145

#### To be completed by **EMPLOYEE**:

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

School/Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this related to a Worker's Compensation Claim: ☐ NO ☐ YES Claim #: \_\_\_\_\_

Is this related to Maternity: ☐ NO ☐ YES Estimated Due Date: \_\_\_\_\_ ☐ Scheduled C-Section

#### If yes, are you planning to take FMLA/Extended Childcare Leave?

If you plan to use FMLA/Extended Childcare Leave **after** your medical clearance date (6-8 weeks), you **must** submit your Return-to-Work Form (medical clearance) **prior to** taking Childcare Leave.

☐ NO ☐ YES Estimated Return Date: \_\_\_\_\_

#### To be completed by **MEDICAL PROVIDER (MD/NP/PA/DO)**:

Date Absence to Begin/Began: \_\_\_\_\_ Estimated Return to Work: \_\_\_\_\_

Diagnosis (required): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Stamped Name (required)

Physician's Phone Number

Physician's Signature

Date



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## **EMPLOYEE MEDICAL ABSENCES**

All health information sent to Health Services is maintained confidentially in compliance with HIPAA regulations

### **If employee is out of work for more than five (5) consecutive days for medical reasons, including maternity, the employee MUST follow this procedure:**

- Notify immediate supervisor of any anticipated absence and approximate return to work dates
- Obtain **Out-of-Work Form** from the building secretary or district website (Intranet → Departments → Human Resources → Health Services → Employee Forms)
- Ask healthcare provider to complete the **Out-of-Work Form**. This form must be brought, sent, or emailed to [healthservices@scsd.us](mailto:healthservices@scsd.us). A signed note from a medical provider on their office letterhead may also be used.
- If no receipt confirmation is obtained, call Health Services (315-435-4145) to confirm the form was received.
- Absences extended past the date indicated by the medical provider on the **Out-of-Work Form** will require the completion of a **Medical Update Form**.
- If there is no estimated return to work date, a completed **Medical Update Form** is required every six (6) weeks

### **Maternity Absences (in addition to above):**

- If the employee remains at work up to the date of delivery, their medical provider must enter the **estimated delivery date only**.
- If the employee is taken out of work prior to the delivery date, the provider must fill in the **date absence to begin** and **estimated delivery date**.
- If the employee is taken out of work early, or kept out of work beyond the typical timeframe due to complications of pregnancy, the provider will need to fill out a **Medical Update Form** with complications noted.
- **IMPORTANT:** If the employee is planning on taking **FMLA/Childcare Leave** following their **medical leave**, a **Return-to-Work Form** must be submitted to Health Services prior to the start of their **Childcare Leave**.

### **If an employee is returning to work following an absence of more than five (5) consecutive days, the employee MUST follow this procedure:**

- Obtain a **Return-to-Work Form** on the intranet. A signed note from a medical provider on their office letterhead may also be used.
- Ask healthcare provider to complete the **Return-to-Work Form**. This form must be brought, sent, or emailed to [healthservices@scsd.us](mailto:healthservices@scsd.us) before the employee can return to work.
- A **Medical Action Form** is generated by Health Services. Health Services will for the HIPPA-compliant **Medical Action Form** to the employee's Line Manager, HR Absence Team, HR Specialist, and Payroll effectively clearing you to return to work.
- **IMPORTANT:** If the healthcare provider has indicated **ANY restrictions** or necessity for the use of **assistive devices**, **Risk Management** will confer with the employee's Line Manager and notify the employee regarding their return-to-work placement/accommodations. **The employee is NOT to return to the workplace until a decision is made by Risk Management.**