



# SYRACUSE CITY SCHOOL DISTRICT

Anthony Q. Davis, Sr., Superintendent of Schools

## RETURN TO WORK FOR EMPLOYEES RETURNING TO WORK AFTER MEDICAL ABSENCE

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 **Maternity** related?  NO  YES Delivery Date: \_\_\_\_\_  Natural  C-Section

Post Partum Date (Medically Cleared to Return to Work): \_\_\_\_\_

Planning to use FMLA/Extended Childcare Leave?  NO  YES Expected Return Date: \_\_\_\_\_

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

**CHECK ONE ONLY:**

Employee may return to work with **NO LIMITATIONS** on: \_\_\_\_\_

Employee may return to work on \_\_\_\_\_ with the following limitations:

*All restrictions/limitations/assistive devices must be reviewed by Risk Management prior to the employee's return to work. The employee is **NOT** to return to the workplace until a decision is made by Risk Management*

Work Limitations/Restrictions/Assistive Devices (Please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Limitations Effective Until: \_\_\_\_\_

\_\_\_\_\_  
Physician's Stamped Name (required)

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date



## EMPLOYEE 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 (go to Intranet, hover over Departments, go down to Human Resources, hover over the arrow, click Health Services and go to Category: 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 office letterhead may also be used.
- If no receipt confirmation is obtained, call Health Services (x4145) 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:

- If the employee is going to 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 of onset of absence** and **estimated delivery date**.
- If the employee is taken out of work due to complications of pregnancy, the provider will need to fill out another **Out-of-Work Form** with complications noted.
- **If the employee is planning on taking a 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 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 in Health Services. Health Services will forward the **Medical Action Form** to the employee's administrator, administrator's secretary, and the Payroll Department effectively clearing you to return.
- **If the healthcare provider has indicated ANY restrictions or necessity for the use of assistive devices, Risk Management will confer with the employee's administrator/supervisor 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.**