

RETURNING TO WORK

The form below is required if you are in a safety sensitive position and you are returning to work from an absence of more than 20 days.

You must personally return these completed forms (*Notice of Intent to Return to Work* and *Return to Work Information Following an Illness/Industrial Leave*) to the Personnel Unit at 2710 Media Center Drive #100, Los Angeles CA 90065, before 1:00 pm one to two days prior to your expected return to work date.

THESE FORMS ARE REQUIRED IN ORDER TO OFFICIALLY CLEAR FROM ANY LEAVE OF ABSENCE. ONLY ORIGINAL, UNALTERED FORMS WILL BE ACCEPTED.

If you are released to return to work but these forms are not ready, or if you have any other questions, please contact the Personnel Unit at 323-342-1300 for additional instructions.

Los Angeles Unified School District
Business Services Division – Transportation Branch
Personnel Unit

RETURN TO WORK INFORMATION FOLLOWING AN ILLNESS / INDUSTRIAL LEAVE

This form may not be dated earlier than two weeks from the date of return. Employees will not be allowed to return without original, completed and unaltered forms.

Employees requesting to return to work with restrictions must contact the following offices:

For temporary restrictions not exceeding 60 days – Early Return to Work Program at (213) 241-3139
For permanent restriction – Reasonable Accommodations Program at (213) 241-3135

Re: _____ Date: _____
Patient's Name

This patient has been off work from _____ to _____ due to () **Industrial injury** or () **Illness**.

1. Treatment summary and progress: _____
2. Prognosis: _____
3. Can this patient resume his/her regular duties with no restrictions or limitations? () **Yes** or () **No**
If yes, when? _____
If not, what are the restrictions/limitations? _____

Are they () **permanent** or () **temporary**? If temporary, what is the duration? _____

Physician: If we are unable to accommodate the restrictions, a leave extension will need to be filed until the restrictions are removed.

4. Please note: Federal regulation (Title 49 CFR Part 382.213) prohibits an employee from performing safety sensitive functions while taking any controlled substance, including prescription medication, unless the treating/prescribing physician attests that the medication will not adversely affect the employee's ability to safely operate a commercial vehicle and/or machinery.

PHYSICIAN'S CERTIFICATION: *I certify that I am the treating physician for the above-named employee, who is under my professional care, and that the information above is true and correct to the best of my knowledge.*

Signature: _____ Date: _____

Name of Physician (Type or Print) Degree Specialty State License No.

Business/Clinic Name: _____ Phone: _____

Address: _____