



Return to Work Review

Employees Returning from an Extended Medical-Related Leave

Employee Name: _____
Position: _____
Department/School: _____
Return to Work Date: _____

Status Upon Return to Work

I am returning to work in the following status (check one):

- Full Duty**
 With Restrictions

Dates of restricted duty: _____ to _____
Date of next appointment with health care provider for evaluation: _____

Note: If you have a concern with the accommodation of your work restrictions, you must notify your supervisor **and** HR RTW Coordinator or HR Leaves and Accommodations Coordinator immediately.

Continuing Medical Treatment Plans After Return to Work

I have the following continuing medical treatment plans supporting my return to work (check applicable):

Medication treatment plan(s)

Will the medication you are taking (prescribed or over the counter) impact your ability to perform your work in any way (check one)? Yes No
If yes, more information must be supplied by your health care provider.

I have been counseled by my health care provider regarding the proper use and all side effects of these medications: Yes No

Note: Puyallup School Board Policy 5201, requires employees to report to their supervisor the use of any drug or medication, whether prescribed or not by the employee's physician, that may adversely affect the employee's ability to perform their work in a safe or productive manner.

Therapy Plans (e.g. Physical therapy, Chiropractic treatment, etc.)

Therapy type: _____
I will need to take time off for therapy appointments (check one): Yes No
If yes, please provide dates and time off needed: _____

Other treatment plan

Please specify plan: _____

Review/Re-Training Required Upon Return to Work

Upon returning to work and reporting for duty, you are required to check with your supervisor and complete any safety training and expectations required for your position.

Employee Signature

Date