



**VANCE COUNTY SCHOOLS  
Fitness for Duty Certification  
Notice of Intent to Return to Work**

You are required to provide a fitness for duty certification and intent to return to work prior to reporting to work for a leave of absence due to medical reasons (i.e. serious illness, worker's compensation, short term disability, etc.)

Please have the health care provider who is knowledgeable regarding your reason for using FMLA leave and/or Worker's Compensation Leave complete this form and return the completed form to Human Resources at least two business days prior to your return to work.

Employee Name: \_\_\_\_\_

Date Leave Began: \_\_\_\_\_ Expected Date of Return: \_\_\_\_\_

**TO BE COMPLETED ONLY BY THE HEALTH CARE PROVIDER**

I have reviewed a job description, performance plan, or other written description of the above named patient's job duties. Yes  No

Is the employee now able to perform the essential functions of his/her job that could not previously be performed because of the serious health condition or worker's compensation injury for which the employee has been on leave? Yes  No

Date patient is able to return to work on: \_\_\_\_\_

The patient can return to work with no restrictions.

**OR**

The patient can return to work with the following time, duty, or other restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Restrictions       Temporary Restrictions, until: \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type of Practice

\_\_\_\_\_  
Street Address

(     )  
\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
City, State, Zip

**Approval of HR Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_