



Return to Work Authorization

Human Resources

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form 003-F17
August 2024

Clear Form

Send the completed form to benefits.fmla@fcps.org or fax: 240-586-8034

EMPLOYEE TO COMPLETE

Employee Name _____ Employee ID# _____

Job/Position Title _____ Base Work Location _____

MEDICAL PROVIDER TO COMPLETE

This patient is released to return to work with no medical restrictions and is able to perform the essential functions of their position.

May return to work on this date: _____

This patient is released to return to work with restrictions.

May return to work on this date: _____

The employee has the following work restrictions:

This patient is not released to work in any capacity.

Signature, Medical Provider

_____/_____/_____
Date

Telephone Number

HUMAN RESOURCES TO COMPLETE

Frederick County Public Schools will determine the ability to return to work based on the job description and listed restrictions.

Approved Not Approved

Signature, Human Resources

_____/_____/_____
Date