Return to Work Authorization

Human Resources

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

Form 003-F17
October 2025

Clear Form

Send the completed form to benefits.fmla@fcps.org

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*