*Safety Sensitive Administrative Employee Return-to-Work Form

Following an absence due to illness or injury that is greater than 5 days

*Positions to include Dispatchers, Dispatch Systems Coordinators, Transit Safety Officers, Supervisors (Operations, Dispatch, & TSO)

EE#	Employee Name	Dates of Absence
_____	_____	_____

Employee:

1. Have a health care provider complete this form.
2. Notify your supervisor of when you are cleared to return to work.
3. Return completed form to your supervisor on your first day back to work.

Physician Section: Please see attached Job Description

This is a safety sensitive position - is the employee taking medication that could interfere with their ability to safely perform the essential functions of their job?

☐ Yes – if yes, please complete the prescription or over-the-counter medication form.

☐ No

Select one:

Worker is:

☐ Released for the job with no restrictions on _____ Date

☐ Released for the job, with the following restrictions: _____

_____ on _____ Date

☐ Not yet released for the job, Anticipated release date is: _____ Date

☐ Not released to work. Worker will be reassessed on: _____ Date

Comments: _____

_____

_____

Physician's Name	Signature	Date
_____	_____	_____

Supervisor steps:

1. Review form to ensure completeness. If it is incomplete or vague contact the leave administrator.
2. Initial and date the form.
3. Provide to Human Resources (Leave Administrator) ASAP.

Supervisor's Name	Initials	Date	HR Initials	Date
_____	_____	_____	_____	_____