

RELEASE TO RETURN TO WORK
MENTAL HEALTH ISSUES
Human Resources Department
Lincoln Public Schools

Phone: 402-436-1382
Fax: 402-458-3276

Lincoln Public Schools employees who are experiencing mental health issues are to have this form completed by the treating physician prior to returning to work. The form must be presented to and approved by Human Resources prior to an employee returning to work. Prior to return, a Health Care Response Team meeting will occur; therefore, the form should be in Human Resources at least one week prior to an expected date of return. This will allow for a meeting to be scheduled with all relevant parties.

TO BE COMPLETED BY EMPLOYEE:

Employee Name and ID#: _____ Supervisor's Name: _____

Position: _____ Building Name: _____

Absence Dates: _____

TO BE COMPLETED BY PHYSICIAN:

In my professional opinion, the above named employee is: _____

Released to return to work, full duty, no accommodations on: _____

Released to return to work, full duty, on _____, with the following accommodations:

I affirm that the employee is able to fully comply with all Lincoln Public Schools work rules, requirements, procedures and policies. Any failure to do so would not be precipitated by or a manifestation of any physical or mental health condition as the health condition does not affect the ability to comply with such rules or perform all duties.

Further, in my professional opinion, upon return to work the employee will not pose a threat to cause physical or mental harm to students, staff, other persons in the building or themselves.

Physician Signature: _____

Physician Typed/Printed Name: _____ Date: _____

HUMAN RESOURCES USE ONLY:

Date reviewed and approved for return to work: _____

Name of Supervisor notified: _____

Signature of Human Resources Supervisor approving return to work: _____

To comply with the Genetic Information Nondiscrimination Act of 2008, we are asking that you not provide any genetic information when completing this form.