



FITNESS FOR DUTY RELEASE

Relating to the Injury or Illness of an Employee

INSTRUCTIONS: When an employee indicates intention to return to work after FMLA leave for a serious health condition of the employee, please provide a copy of this form with a Job Description attached for review by the Health Care Provider. Employee then returns this form to qualify for return to work. Human Resources will review and render a decision concerning the employee's return to duty.

Employee's Name: _____

Employee Identification Number: _____ Date: _____

To be completed by Health Care Provider:

I have reviewed the attached Job Description for the position held at the City of Round Rock by the above named employee and certify as follows:

- The employee can perform the essential functions of the position **without** accommodations.
- The employee can perform the essential functions of the job **with** the following accommodations:

Comments:

_____ Signature of Health Care Provider	_____ Date
_____ Printed Name	_____ Phone
Type of Practice (Field of Specialization , if any): _____	