



SYRACUSE CITY SCHOOL DISTRICT

Pamela J. Odom, Superintendent of Schools

RETURN TO WORK

FOR EMPLOYEES RETURNING TO WORK DUE TO MEDICAL REASONS

Send completed form to healthservices@scsd.us

Mail to Health Services, 725 Harrison St, Syracuse, NY 13210

If you have any questions, contact Health Services at 315-435-4145

To be completed by **EMPLOYEE**:

Name: _____ Employee ID#: _____

School/Location: _____ Job Title: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Is this related to a Worker's Compensation Claim: ☐ NO ☐ YES Claim #: _____

Is this related to Maternity: ☐ NO ☐ YES Estimated Due Date: _____ ☐ Scheduled C-Section

Post Partum Date (Medically Cleared to Return to Work): _____

Planning to use FMLA/Childcare Leave? ☐ NO ☐ YES Expected Return Date: _____

To be completed by **MEDICAL PROVIDER (MD/NP/PA/DO)**:

CHECK ONE ONLY:

☐ Employee may return to work with **NO LIMITATIONS** on: _____

☐ Employee may return to work on _____ with the following limitations on:
*All restrictions/limitations/assistive devices must be reviewed by Risk Management prior to the employee's return to work.
The employee is NOT to return to the workplace until a decision is made by Risk Management.*

Work Limitations/Restrictions/Assistive Devices (please be specific): _____

Work Limitations Effective Until: _____

Physician's Stamped Name (**required**)

Physician's Phone Number

Physician's Signature

Date



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EMPLOYEE MEDICAL ABSENCES

All health information sent to Health Services is maintained confidentially in compliance with HIPAA regulations

If employee is out of work for more than five (5) consecutive days for medical reasons, including maternity, the employee MUST follow this procedure:

- Notify immediate supervisor of any anticipated absence and approximate return to work dates
- Obtain **Out-of-Work Form** from the building secretary or district website (Intranet → Departments → Human Resources → Health Services → Employee Forms)
- Ask healthcare provider to complete the **Out-of-Work Form**. This form must be brought, sent, or emailed to healthservices@scsd.us. A signed note from a medical provider on their office letterhead may also be used.
- If no receipt confirmation is obtained, call Health Services (315-435-4145) to confirm the form was received.
- Absences extended past the date indicated by the medical provider on the **Out-of-Work Form** will require the completion of a **Medical Update Form**.
- If there is no estimated return to work date, a completed **Medical Update Form** is required every six (6) weeks

Maternity Absences (in addition to above):

- If the employee remains at work up to the date of delivery, their medical provider must enter the **estimated delivery date only**.
- If the employee is taken out of work prior to the delivery date, the provider must fill in the **date absence to begin** and **estimated delivery date**.
- If the employee is taken out of work early, or kept out of work beyond the typical timeframe due to complications of pregnancy, the provider will need to fill out a **Medical Update Form** with complications noted.
- **IMPORTANT:** If the employee is planning on taking **FMLA/Childcare Leave** following their **medical leave**, a **Return-to-Work Form** must be submitted to Health Services prior to the start of their **Childcare Leave**.

If an employee is returning to work following an absence of more than five (5) consecutive days, the employee MUST follow this procedure:

- Obtain a **Return-to-Work Form** on the intranet. A signed note from a medical provider on their office letterhead may also be used.
- Ask healthcare provider to complete the **Return-to-Work Form**. This form must be brought, sent, or emailed to healthservices@scsd.us before the employee can return to work.
- A **Medical Action Form** is generated by Health Services. Health Services will for the HIPPA-compliant **Medical Action Form** to the employee's Line Manager, HR Absence Team, HR Specialist, and Payroll effectively clearing you to return to work.
- **IMPORTANT:** If the healthcare provider has indicated **ANY restrictions** or necessity for the use of **assistive devices**, **Risk Management** will confer with the employee's Line Manager and notify the employee regarding their return-to-work placement/accommodations. **The employee is NOT to return to the workplace until a decision is made by Risk Management.**