

SUMTER COUNTY SCHOOL BOARD
**Procedures for Return to Work Following a Medical-Related Absence
(Not Workers Compensation Related)**

A return to work will be required for:

- **Any illness, injury, impairment, physical or mental condition that involves in-patient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility or out-patient care.**
- **Any surgery that is performed in-patient or out-patient.**
- **Any illness that requires an absence of 10 working days or greater.**

Procedures:

1. The employee must obtain a Return to Work release from their Skyward Employee Access page. A copy of the employee's job description must be included with the Return to Work release form. Job Descriptions found at: www.sumter.k12.fl.us/Page/258
2. The employee's doctor must complete the Return to Work Release form as related to the employee's job description.
3. The employee must return the completed Return to Work Release to the school/site secretary **prior** to coming back to perform his or her duties.
4. Determination will be made regarding the employee's return to work as follows:
 - **The employee is able to return to work and perform all essential functions of his or her job with no restrictions**
 - **The employee is able to return to work and perform all essential functions of his or her job with restrictions** (A committee consisting of 3 administrators will determine if the essential functions of that job can be completed given the restrictions. Those administrators can consist of the site administrator, Risk Manager, Human Resources Administrator, Business Services Administrator, or District Director. If an employee returns to work with restrictions then any injury resulting from job performance related to the previous injury cannot be claimed as a worker's compensation related injury. If the employee feels that he or she cannot do his or her duties without risk of injury he or she may use his or her own paid leave time, apply for FMLA, or a leave of absence.) (The employee must sign a form indicating that he or she understands that he or she is returning to work with restrictions and that any re-injury will not be filed under work comp.)
 - **The employee is unable to perform all essential functions of their job.** (The employee must continue to use his or her own paid leave, apply for FMLA, or leave of absence.)
5. The employee's supervisor/site secretary will notify the employee of the return to work determination.
6. **The employee must notify the school secretary and payroll department immediately upon returning to active employment. Failure to do so could result in the delay of payroll processing.**

**SUMTER COUNTY SCHOOL BOARD
RETURN TO WORK MEDICAL RELEASE CERTIFICATION**

Directions: This form must be completed and submitted to the employee's site or school secretary immediately upon returning to active employment. Failure to do so could result in the delay of payroll processing.

Name of employee	Employee ID	Location/Site
Date (mm/dd/yyyy)	Date Leave Began	

Information to be completed by Healthcare Provider

Effective as of _____ the above-named employee is:

Check One

_____ Released to work without restrictions and able to perform all job duties as per job description (attached).

_____ Not Released to work (employee may have risk of reinjury if they fulfill their basic job requirements).

_____ Released to work with the following reasonable restrictions. In area below, please describe restrictions as they relate to all duties as per the job description attached.

Name of healthcare provider: _____

Address: _____

Telephone: _____

Type of practice/specialty: _____

Provider Signature

Date (mm/dd/yyyy)