

Provo School District  
**RELEASE TO WORK AUTHORIZATION FORM**

Provo School District requires employee to provide evidence that they are able to perform the essential job functions outlined in their description(s) after a medical leave of absence. This insures that no physical conditions exist that:

- Prevent the employee from performing his/her duties
- Endanger the employee's safety or health
- Endanger other's safety or health

**To the Employee:**

1. Prior to returning to work, provide this form, along with written copy of your job description, to your physician.
2. Have the physician complete the bottom portion of this form according to your job description.
3. Return the completed form to the Provo School District Personnel Office seven (7) days prior to returning to work.
4. All information gathered during the evaluation will be kept confidential in a medical file, apart from the regular employee Personnel File.

Name of Employee \_\_\_\_\_ Date of Birth \_\_\_\_\_

Position held in Provo School District \_\_\_\_\_

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**To the Physician:**

Please read the attached job description for the person listed above and certify that he/she can perform the essential job functions of the position for which he/she is assigned as listed in the job description. Please indicate any restrictions or limitations the employee may have related to this job.

I hereby certify that on \_\_\_\_\_ I examined \_\_\_\_\_

and found him/her to be fit to perform the essential job functions of the position for which he/she is assigned and release him/her to return to work as specified:

Without limitation on \_\_\_\_\_ (mm/dd/yy)

Return to work on \_\_\_\_\_ (mm/dd/yy) with the following restriction(s)

\_\_\_\_\_  
\_\_\_\_\_

and may return to work on \_\_\_\_\_ (mm/dd/yy) without limitation

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date