

RETURN TO WORK RELEASE FORM: The University of Texas at Austin

TO BE COMPLETED BY THE EMPLOYEE

Name: _____ UT EID #: _____ Shift: _____ Department: _____

Work Phone: _____ Home Phone: _____ Supervisor: _____

I understand that if my release includes workplace restrictions related to my medical condition, it must reach my supervisor **prior** to my return to work date. I understand that my return to work date may be delayed so that my department can evaluate any identified restrictions. If restrictions are substantially limiting, are expected to continue longer than 3 months or are considered permanent, your return release will be referred to the Office of Institutional Equity (OIE) for review under the ADAAA (Americans with Disabilities Act as amended).

Employee Signature

Last Day Worked

Date

TO BE COMPLETED BY THE HEALTHCARE PROVIDER

(1) This condition is: Not work related. Work related.

If work related, do not complete this form. Complete the Texas DWC-73 Work Status Report form.

(2) Employee may:

____ Return to work on _____ **(date)** without restrictions.

____ Return to work on _____ **(date)** with restrictions as indicated below through _____ **(date)**.

____ Unable to return to work from _____ **(date)** to _____ **(date)** due to incapacity or restrictions.

____ Restrictions listed below are **PERMANENT**.

(3) Employee may work full-time hours? **YES** **NO**

If NO: Maximum hours/workday: _____ Maximum hours/week: _____ *Employee may be eligible for FMLA.*

(4) WORK RESTRICTIONS

Employee may perform activity:

	NONE 0% of workday	OCCASIONALLY 1-33% of workday	FREQUENTLY 34-64% of workday	CONSTANTLY 65-100% of workday
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Lifting maximum _____ pounds				
Pushing / pulling maximum _____ pounds				
Reaching above shoulder R / L (circle)				
Grasping / squeezing				
Keyboarding				
Repetitive hand / wrist motion R / L (circle)				
Sitting				
Standing / Walking				
Squatting / kneeling				
Repetitive bending / stooping				
Climbing stairs / ladders (circle)				

Other restrictions (if any):

Must use crutches or splint or other <input type="checkbox"/> YES <input type="checkbox"/> NO Specify other:	Able to drive vehicle for work purposes, if applicable <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Able to work with others: <input type="checkbox"/> YES <input type="checkbox"/> NO	Able to give supervision, if applicable: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
No exposure to:	Consultation with a Safety professional is available upon request for chemical or lab exposure limitations. Consult requested?: <input type="checkbox"/> YES <input type="checkbox"/> NO

Doctor Signature: _____

Doctor Phone: _____

Doctor Name: _____

Doctor Fax: _____

Today's Date: _____

General Information: This form helps gather return to work information and minimize release of medical information to a supervisor when returning from a leave of absence or use of Sick Leave for an employee's own medical condition. **If an alternate release form is used, please do not include diagnosis or treatment information.** This form is submitted by the employee to the employee's supervisor. For more information about workplace accommodations under the ADAAA, contact the Office of Inclusion and Equity at 512-471-1849 or email equity@utexas.edu For Benefits & Leave Management, contact 512-475-8099 or email HRS-LM@austin.utexas.edu

GINA Safe Harbor Statement: The Genetic Information Nondiscrimination Act (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.