

DATE:

NAME:

FROM: Portland Community College - Benefits

SUBJECT: Fitness for Duty Certification

Family and Medical Leave for your own serious health condition ends on (date) _____. Prior to returning to work you must provide a Fitness for Duty Certification verifying whether you are able to return to work, whether you have any job-related restrictions and the duration of any restrictions. Please take this Fitness for Duty Certification to your health care provider for completion. Portland Community College will use this Fitness for Duty Certification to determine if you are able to return to work after your leave.

Return the completed Fitness for Duty Certification to Supervisor with a copy to Benefits prior to the end of your Family and Medical Leave or by (date) _____.

FITNESS FOR DUTY CERTIFICATION

Health Care Provider Completes this Section: Instructions: Please complete all sections in order for PCC to determine if the employee is able to return to duty. The employee's position description or a list of essential duties is is not attached to this form.

the employee is able to return to duty without restrictions on (date) _____.

the employee is able to return to duty with restrictions on (date) _____.

If there are restrictions, please complete the following:

The employee will be able to return to work with no restrictions on (date) _____.

I certify that from (date) _____ to (date) _____ the above named employee will be:

unable to perform the physical requirements of their work or

medically incapacitated: totally **partially

**If partially medically incapacitated, complete the following:

Number of hours per day employee is able to work _____

Number of days per week employee is able to work _____

List any restrictions on the employee's work: _____

PRINTED Name of Health Care Provider

Type of Practice

Signature – Health Care Provider

Date

Please return the completed form to the employee/patient.

Position description/description of essential duties may be attached.

Employee: please return this form to PCC Benefits, benefits-gropu@pcc.edu, fax 971-722-5604