

Fitness-for-Duty Certification

You and your healthcare provider must complete this form and submit it to the Houston ISD Leave Administration department at least five days prior to your return to work. *****If you are on Intermittent FML, you will only need to complete the section in the bolded box below.**

Employee Self-Service Account (**preferred**): Please log in to your account to submit the completed form.

Email: LeaveAdministration@HoustonISD.org

Fax: 713-556-6966, Attn: HISD Leave Administration

Employee Name: (Please Print) _____ **Employee ID:** _____

Date Leave Started: _____ **Date Leave Ended:** _____

*****FOR EMPLOYEES ON INTERMITTENT FML (WITHOUT RESTRICTIONS) ONLY:** I understand that my Intermittent FML has ended. My signature below indicates that I do not have any current restrictions (as advised by my physician).

Employee Signature

Date

ALL OTHER EMPLOYEES

I understand that I cannot return to work without a release from my health care provider.

Employee Signature

Date

TO BE COMPLETED BY HEALTH CARE PROVIDER (Please Print or Type)

Please select:

Employee is released to regular duty with NO restrictions. **Date released:** _____

Employee is released to duty with restrictions (please specify below). **Date released:** _____

Estimated duration of restrictions (provide specific date range): _____ to _____

Nature of the accommodation: (Please be specific)

Nature of limitation: (Please be specific)

Please list any other restrictions or comments:

Health Care Provider Name: (Please Print) _____

Health Care Provider Signature

Date