



# Return to Work Evaluation: MCEA Employees

Employee & Retiree Service Center (ERSC)  
MONTGOMERY COUNTY PUBLIC SCHOOLS

For ERSC use Only

Over 60 Days

MCPS Form 440-40M  
June 2024

Submit completed form to:  
ERSC, 45 West Gude Drive, Suite 1200, Rockville, Maryland 20850  
Telephone: 240-740-8100 • Fax: 301-279-3651 or 301-279-3642

**PART I—Employee:** The employee completes Part I of this form and accesses his/her job description via <http://montgomeryschoolsmd.org/departments/personnel>. If the job description is unavailable, the employee should contact his/her immediate supervisor.

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Location \_\_\_\_\_ Job Position \_\_\_\_\_

Telephone Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone Number \_\_\_\_-\_\_\_\_-\_\_\_\_

**PART II—Physician or Health Care Practitioner:** The physician or health care provider should review the employee's current job description, complete Part II and III of this form, and return the form to the employee. Thank you for assisting in our efforts to return our employee to work in a safe and timely manner.

After reviewing the employee's current job description:

- This patient is released to return to work with no medical restrictions and is able to perform the essential functions of the position. Full duty release date is \_\_\_\_/\_\_\_\_/\_\_\_\_.
- This patient, with the restrictions indicated in Part III, may be considered for return to work on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- This patient is not released to work in any capacity.

\_\_\_\_\_  
*Signature, Physician*

\_\_\_\_\_  
*Print Name, Physician*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Telephone Number                      Date*

\_\_\_\_\_  
*Specialty, Physician*

**PART III—Physician or Health Care Practitioner:** Complete this section only if you have indicated the employee has work restrictions.

The employee has the following work restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART IV—Employer:** MCPS will determine the employee's ability to return to work based upon the job description and listed restrictions.

- Approved     Not Approved

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

Comments: