



Return to Work Evaluation: SEIU Employees

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

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

For ERSC use Only

Over 60 Days

MCPS Form 440-40S
June 2024

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

Telephone Number

Print Name, Physician

Specialty, Physician

PART III—Physician or Health Care Practitioner:

WORK ACTIVITIES TABLE

Please complete the following table for restrictions related only to the patient's job description.

In an 8-hour work day, the patient can:	No Restrictions	5-8 Hours	3-5 Hours	1-3 Hours	Not At All
Stand/Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In an 8-hour work day, the patient can:	How many consecutive hours can the patient perform these activities?			
	No Restrictions (5-8 Hrs)	Frequently (3-5 Hrs)	Occasionally (1-3 Hrs)	Not At All (0)
LIFT				
0-10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARRY				
0-10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in temperature extremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Grasping (indicate right or left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor Manipulation (indicate right or left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate Foot Controls (indicate right or left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please explain				

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: