Return to Work Evaluation for Temporary Employees

MCPS CLEAR FORM

MCPS Form 440-40T
June 2024

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

PART I—Employee: Employees complete Part I of this form and access their job description via *http://montgomeryschoolsmd.org/departments/personnel.* If the job description is unavailable, employees should contact their 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:

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	☐	☐	☐	☐	☐
Sit	☐	☐	☐	☐	☐
Drive	☐	☐	☐	☐	☐

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	☐	☐	☐	☐
11–20 pounds	☐	☐	☐	☐
21–50 pounds	☐	☐	☐	☐
51–100 pounds	☐	☐	☐	☐
CARRY				
0–10 pounds	☐	☐	☐	☐
11–20 pounds	☐	☐	☐	☐
21–50 pounds	☐	☐	☐	☐
51–100 pounds	☐	☐	☐	☐
Bend	☐	☐	☐	☐
Squat	☐	☐	☐	☐
Climb	☐	☐	☐	☐
Kneel	☐	☐	☐	☐
Twist	☐	☐	☐	☐
Push/Pull	☐	☐	☐	☐
Reach	☐	☐	☐	☐
Crawl	☐	☐	☐	☐
Work at heights	☐	☐	☐	☐
Work in temperature extremes	☐	☐	☐	☐
Work indoors	☐	☐	☐	☐
Work outdoors	☐	☐	☐	☐
Gross Grasping (indicate right or left)	☐	☐	☐	☐
Fine Motor Manipulation (indicate right or left)	☐	☐	☐	☐
Operate Foot Controls (indicate right or left)	☐	☐	☐	☐
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: