Grand Prairie Independent School District Fitness to Return to Work

Submit to: Human Capital Office, Attn: Karen Gonzalez karen.gonzalez@gpisd.org 2602 South Belt Line Road, Grand Prairie, Texas 75052 Office: 972-237-5369 Fax: 972-237-5318

The **Fitness to Return to Work form must be completed by your healthcare provider**. Return the completed form to Human Capital at least two **(2) days before** the date you intend to return to work.

EMPLOYEE INFORMATION:

Full Name		Today's Date	
Address	Apt #		
City	State	Zip Code	
Home Phone #	Cell Phone#		
Current Assignment	Campus/Depart	ment	
Employee Signature	D	ate	
	FITNESS FOR DUTY CERTIFICATION Must be completed by health care provide		
Based on the employee's medica	al condition:		
☐ The employee is able to return	to work without restrictions as of:	Date	
☐ The employee is able to return	to work with the listed restrictions a	s of: Date	
List detailed restrictions below-			
These restrictions are expected to	last through:		
Signature of Healthcare Provider	D	pate	
Healthcare Provider Information:			
Provider's Name	Office telephone #		
Provider's Address			