



SLIDELL POLICE DEPARTMENT
Nationally Accredited



Randy Fandal, Chief of Police

Police Department Employee:

You are not actively at work because of one of the situations listed below:

- 1. You have missed more than two (2) working days because of your illness or injury.
2. You have been treated as an "In-Patient" in a Hospital or similar institution, which required an overnight stay at the institution.
3. You have a Workers Compensation Injury or illness.

As directed by the Chief of Police, your return to work will be achieved in the following manner:

- 1. You will have the Return to Work Approval on the bottom of this form completed by the physician who is in charge of your care for this injury, illness or "In-Patient" institutional stay.
2. You are to bring this completed form to your Division Commander or the Chief of Police, as appropriate, and obtain the date and time when you are to report for duty.
3. You will then deliver this form to the Personnel Office.
4. If this is a Workers Compensation injury or illness, you must deliver this form to Risk Management.

Randy Fandal
Chief of Police

RETURN TO WORK APPROVAL - FULL DUTY

(Please type or print)

I, _____ approve an unconditional return to full duty for
Mr./Mrs./Ms _____ as of _____.

I certify that the forenamed person having begun leave time on _____ is now capable of performing the
full duties of their position as _____, as detailed in the attached Job Description or on record
with my office, and further this person is capable of participating in the required physical fitness program for his/her position.

Signature of Physician Date

RETURN TO WORK APPROVAL - ADMINISTRATIVE DUTIES

I, _____, approve an unconditional return to administrative duty
for Mr./Mrs./Ms _____ as of _____.

I certify that the forenamed person having begun leave time on _____ is capable of performing
the administrative duties of their position as _____, as detailed in the attached Administrative
Policy or on record with my office.

Signature of Physician Date

***** FOR PERSONNEL OFFICE ONLY *****

Return to Duty Date: _____ Return Date Approved by: _____
Chief of Police

Personnel Administrator Date