CITY OF SLIDELL

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Department of Civil Service

Slidell Civil Service Board

Name: _____ Department: _____

Signature: _____ Date: _____

You have been absent from your job for three (3) consecutive working days or more due to illness or injury, or have had an "out-patient" procedure performed or had an overnight stay or "in-patient" care in an institutional facility. Therefore, **before** returning to work, the City requires that you follow the necessary steps listed below:

1. You are to have the **RETURN TO WORK APPROVAL**, provided on this form completed by the physician who is in charge of your care for your medical condition.
2. You are to bring this completed form to the ***Civil Service Personnel Office***, at which time an authorized individual on the Personnel staff will contact your department to obtain the date and time that you may report for duty.

John Welborn, Chief of Staff — Date Signed: 3/20/19

RETURN TO WORK APPROVAL

I, _____ (Type or Print Physician Name), approve for _____ (Type or Print Employee Name)

an unconditional return to full duties to the position of _____ (Position Title)

effective _____ (Release to full duty date).

A copy of the employee's job description has been provided to my office for review.

If any residual disability exists concurrent with an unconditional release to return to full duty, I have stated the percent of disability and have attached a complete explanation of the nature of the employee's disability.

Signature of Physician — Date Signed

FOR CIVIL SERVICE PERSONNEL USE ONLY

Date Received: _____ Return to Duty Date: _____

Civil Service Personnel Department Representative Signature — Person Contacted