

ALBUQUERQUE PUBLIC SCHOOLS

Human Resources - Extended Leaves Office

Clerical / Secretarial MEDICAL RELEASE

Employee Name:	Employee Number	Employee's Signature
Employees are required to reinstate with to original Medical Release form to the Exter Complex, East Tower, Suite 210.	-	or to returning to the work site. Return this Office, Alice and Bruce King Educational
TO BE COMPLI	ETED BY EMPLOYEE'S HEAL	TH CARE PROVIDER
to successfully perform the essential function The employee must occasionally lift are the employee must use hands and are the employee must use keyboards, to the employee must sit and stand for low the employee must have normal vision the employee must be able to move a	ons of the job with or without reason move up to 25 pounds in supplied ms to manipulate objects. ols and other controls. ong periods of time. In and hearing with or without aid. bout assigned location unaided dur	s which requires bending, stooping and lifting. ing the day. ove. Any restrictions that the employee
Restriction		Duration
Employee can return to work on:	/ /	
Health Care Provider's Signature		Date
Health Care Provider's Address		Phone Number
IF YOU HAVE RESTRICTIONS, YOUR <u>SUPE</u> I am willing: I am not willing: to supervisor's Signature	RVISOR MUST SIGN BELOW: work with the above restrictions for	this duration.