



City of Milwaukee Department of Public Works – FMLA Return to Work Release

Patient / Employee Information

Patient / Employee Name:	Employee ID #:	Date of Condition:
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A Return to Work Release will be required for continuous FMLA leaves of five or more days. The work release should be emailed to dpwfmla@milwaukee.gov or faxed to 414-286-0537 prior to the return to work date or provided in-person to your supervisor before the start of your shift on your return to work date. If such release is not received, your return to active employment will be delayed until the release is provided.

TO BE COMPLETED BY ATTENDING PHYSICIAN

- Employee may return to work with no restrictions on _____ (date).
- Employee may return to work with the following restrictions listed below. Restrictions are in effect from _____ to _____ (dates only).

Patient <u>CAN</u> Carry/Lift				Hand Restrictions					Patient's condition <u>ALLOWS</u> them to perform the following activities. (How many hrs each day)			
	None	1-4 HRS	5-8 HRS	HAND RESTRICTIONS	NO USE	USE RIGHT	USE LEFT ONLY	USE BOTH		1-4 HRS	5-8 HRS	No Restrictions
UP TO 10 LBS.				OPERATE POWER TOOLS					BEND			
11-20 LBS.				REPETITIVE WRIST					TWIST/TURN			
21-50 LBS.				ONE HAND WORK ONLY					REACH BELOW KNEE			
51-100 LBS.									PUSH/PULL			
									CLIMB			
									SQUAT/KNEEL			
									<u>Must SIT</u>			
									STANDING			
									WALKING			

- Employee is totally disabled and may not return to work from _____ to _____ (dates).
Explanation: _____
- Is the employee on any prescriptions that would cause them any physical or mental impairment that would affect the patient's ability to perform their job? No Yes,

Physician Information

Physician Name:	Clinic / Facility Name:
Signature & Date:	Clinic / Facility Phone #:

*When completed, please return this form to the patient.
Revised on 03/23/2023*