

FITNESS FOR DUTY STATEMENT
(Family and Medical Leave Act)

FMLA Form H

PART A: TO BE COMPLETED BY EMPLOYER

ATTENTION HEALTH CARE PROVIDER:

Employer: Town of Greenfield
Address: Human Resources Dept, Town Hall
14 Court Square
Greenfield, MA 01301

Date: _____ Employee: _____

Department: _____ Position: _____

The above named employee has been absent from his/her regular duties as a result of an injury/illness on _____ due to a job related non-job related incident.

The nature of the injury or illness as the Town understands it is:

This employee has been directed to obtain a statement of medical disposition from you as:

_____ Treating Health Care Provider _____ Town Designated Health Care Provider

Note: The employee in question will not be able to return to his/her regular duties without completion of this statement. A job description for the employee's position is attached to assist you in your determination. Thank you for your assistance.

PART B: TO BE COMPLETED BY EMPLOYEE

I, _____, consent to the release of all medical information as it relates to my physical ability to perform my job to the Town's Human Resources Department listed above.

Employee's Signature

Date

