



CITY OF PETALUMA

Employee Work Status Form

Employee Instructions

You are required to submit this form to your supervisor if you:

- Are unable to return to work due to a non-work related illness or disability that is expected to last longer than 3 days (40-hour work week) or 3 continuous shifts (56-hour work week); or
- Have a workers' compensation injury or illness that results in a disability; or
- Have a change or update in your illness or disability status and meet either of the 2 conditions noted above; or
- Have work restrictions or limitations that require accommodation.

Take this form to your Physician or Health Care provider and have him or her complete the form. Return the completed form to your supervisor *or* have your physician fax and mail the original to your supervisor. If you have a workers' compensation injury or illness also have your physician fax and mail a copy of the form to the City's workers' compensation administrator: REMIF, PO Box 885, Sonoma, CA 95476 Fax Number: 707-938-0374 Telephone: 707-938-2388

Physician or Health Care Provider

EMPLOYEE NAME _____ POSITION _____ DATE OF INJURY OR ILLNESS _____

If possible, the City of Petaluma will accommodate work restrictions and/or physical limitations

Employee is able to perform shifts regular work on (date) _____

Employee is totally disabled and unable to perform his or her regular work through (date) _____

Employee is unable to perform his or her regular work but can do the following through (date) _____

CHECK	FUNCTION	TOTAL HOURS(0 TO 8+)	OTHER INSTRUCTIONS/COMMENTS
	STAND/WALK		
	SIT		
	DRIVE		
	BEND		
	SQUAT		
	KNEEL		
	CLIMB		
	TWIST		
	CRAWL		
	REACH		
	GRASP		
	USE KEYBOARD		
	PUSH/PULL		
	LIFT _____ LBS		
	CARRY _____ LBS		
	Other:		

PHYSICIAN SIGNATURE _____ PRINT NAME _____ DATE _____

DATE OF NEXT APPOINTMENT (if applicable) _____