

LPS VERIFICATION OF RESTRICTIONS AND ACCOMODATIONS
Risk Management Department
Lincoln Public Schools

Phone: 402-436-1760
HCRT: 402-436-1767
Fax: 402-458-3276

The LPS supervisor must complete this form for any employee that has restrictions for HCRT OR Workers' Compensation.

Send form to Risk Management, box 14.

The Lincoln Public Schools supervisor of the injured employee must complete this form when an employee returns to work with restrictions.

Name: _____ Employee ID#: _____

Building: _____ Occupation: _____

Date of Injury/Illness: _____ Date of Office Visit: _____

Restrictions (including braces, casts, or assistive ambulatory device(s):

Timeframe – From: _____ To: _____
(Must complete with a date) (Must complete with a date)

Specific work activities employee can do: List activities:

Accommodations (including any for the classroom, entry to building/parking, playground, lunchroom, passing in hallways, emergency evacuation, and/or other activities)

The employee and supervisor have discussed the restrictions as noted above and outlined activity the employee can do. The employee is responsible to work within these restrictions and the supervisor is responsible to only assign duties that fall within the restrictions. Both parties agree that the employee can return to work with the restrictions noted above.

(Non-Electronic) Employee Signature

Date

(Non-Electronic) Supervisor Signature

Date