



Lincoln Public Schools

Risk Management Department • SJDLC, Box 14 • 5905 O Street • Lincoln, NE 68510 • 402-436-1760 • Fax 402-458-3276

LPS VERIFICATION OF RESTRICTIONS AND ACCOMMODATIONS

The Lincoln Public School Supervisor must complete this form for any Employee returning to work that has restrictions for Health Care Response Team (HCRT) OR Workers' Compensation.
Please send form to Risk Management at SJDLC, Box 14.

EMPLOYEE INFORMATION

Name: _____ Employee ID#: _____
Building: _____ Position: _____
Date of Injury/Illness: _____ Date of Office Visit: _____

RESTRICTIONS AND ACCOMMODATIONS INFORMATION

Restrictions (including braces, casts, or assistive ambulatory devices):

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.

Employee Signature (Non-Electronic) Date

Supervisor Signature (Non-Electronic) Date