





# BARRINGTON PUBLIC SCHOOLS

283 County Road, Barrington, RI 02806

## SECTION II (cont): For completion by HEALTH CARE PROVIDER

3. How long is it expected to last? \_\_\_\_\_

4. Will the requested leave of absence enable the employee to return to work? Yes / No (circle one)

If Yes, on what date do you anticipate the employee will be able to return to work? \_\_\_\_\_

5. Please review the attached job description. (If no description is attached, please discuss the position with the employee to determine essential job duties and typical schedule.) Upon return to work, will the employee be able to perform the essential functions of this position in a typical schedule with, or without, reasonable accommodation?

|| Yes, with reasonable accommodation

|| Yes, without reasonable accommodation

|| No, employee will be unable to perform essential job functions with or without accommodation

If No, how long will the employee remain unable to perform these job functions?

\_\_\_\_\_ #of weeks

\_\_\_\_\_ #of months

\_\_\_\_\_ permanently

If Yes, what adjustments to the work environment or position responsibilities would enable the employee to perform these job functions?

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If Yes, how long will the employee need the reasonable accommodation to perform these job functions?

\_\_\_\_\_ #of weeks

\_\_\_\_\_ #of months

\_\_\_\_\_ permanently

6. Are there any accommodations, other than a leave of absence, that would enable the employee to perform the essential functions of the position?

If Yes, what adjustments to the work environment or position responsibilities would enable the employee to perform these job functions?

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7. Additional comments:

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