



Notification of Fitness for Duty Evaluation Procedure

Edited 11/2022

Employee Name

Date

This serves as written notification directing you to undergo a Fitness for Duty Evaluation. The reason(s) for this request are:

The evaluation should be scheduled with:

Employee's own healthcare provider:

University-designated healthcare provider:

Other:

You are instructed to cooperate with the evaluation. This evaluation is being conducted for use by Human Resources and your supervisor. *You will not be permitted to return to work until (1) the university has received the necessary certification from your healthcare provider, and (2) the department has made its decision on whether the certification is sufficient and you may return.* In some cases, a second, independent evaluation may be necessary

You will need to sign a form to release information to the University of Texas at Austin Human Resources in order for your healthcare provider to give us information. Be sure you sign a form for this purpose in your healthcare provider's office.

Refusal to comply with this request or with any part of the evaluation may be grounds for disciplinary action, up to and including termination

Signature of Employee's Supervisor/Manager

Signature of Employee



The University of Texas at Austin
HealthPoint
Human Resources

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Additional referral details: