

BALTIMORE COUNTY PUBLIC SCHOOLS
Office of Employee Absence and Risk Management
6901 Charles Street, Bldg. B
Towson, MD 21204

Integrated Disability Management

Phone: 443-809-4133

Confidential Fax: 410-337-0160

DISABILITY SLIP

Employee's Name: _____ Sex: _____
Last First M.I.

Address: _____
Number and Street City State Zipcode

Phone: _____ Date of Birth: _____

Date of Visit: _____

WORK STATUS:

- Return to **Full Duty**
- Unable to work from: _____ to: _____
- Return to work with restrictions:

****Transitional duty positions are available for employees****

Expected date of return to work: _____

Date of next visit (if applicable): _____

Diagnosis/Reason for Absence:

Prognosis: _____

Is this Disability work related? Yes _____ No _____

Provider Name: _____ Provider Signature: _____
(please print)

Address: _____ Date: _____

_____ Phone #: _____

_____ Fax #: _____

Please return slip with employee or mail/fax/email to: Integrated Disability Management,
Office of Employee Absence and Risk Management, Baltimore County Public Schools,
6901 Charles Street, Bldg. B, Towson, MD 21204, Confidential fax: **410-337-0160**,
Email: RTW@bcps.org