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PHYSICIAN'S RELEASE TO RETURN TO WORK FORM

Employee's Name:	Date:
Physician's Name:	Telephone #:

To be completed by Physician

After reviewing the attached job description and the specific tasks within the job description please complete either (A) or (B) as appropriate and sign and date below.

(A) The above named employee has been released by the above named physician to return to Full Duty as of _____ (Date) with NO RESTRICTIONS.

(B) The above named employee has been released by the above named physician to Return to Work on _____ (Date) WITH THE FOLLOWING RESTRICTIONS through _____ (Date):

Check applicable boxes and provide limitations/restrictions.

<input type="checkbox"/> Lifting (Max weight in lbs) _____ lbs.	<input type="checkbox"/> Walking _____ hours per day
<input type="checkbox"/> Repetitive Lifting _____ lbs.	<input type="checkbox"/> Standing _____ hours per day
<input type="checkbox"/> Carrying _____ lbs.	<input type="checkbox"/> Sitting _____ hours per day
<input type="checkbox"/> Pushing/pulling _____ lbs.	<input type="checkbox"/> Crawling _____ hours per day
<input type="checkbox"/> Pinching/Gripping _____ lbs.	<input type="checkbox"/> Kneeling _____ hours per day
<input type="checkbox"/> Reaching over head _____	<input type="checkbox"/> Squatting _____ hours per day
<input type="checkbox"/> Reaching away from body _____	<input type="checkbox"/> Climbing _____ hours per day

Repetitive Motion Restrictions: _____

Other Restrictions: _____

These limitations/restrictions are: Temporary limitations/restrictions
 Permanent limitations/restrictions

IF THE ABOVE RESTRICTION CONSTITUTE MODIFIED DUTY AND SUCH DUTY IS NOT AVAILABLE, IT IS ASSUMED THAT THE EMPLOYEE WILL BE SENT HOME RATHER THAN RETURN TO WORK. My signature indicates that I have read and understand the employee's job description and the listed tasks within the job description and that my findings are based on my medical assessment of this employee's physical capabilities as compared to the essential functions of the job.

Physician's Name (Please Print):	Date:
Physician's Signature:	Date:

I AGREE THAT:
 I will follow through with all of the restrictions listed above. I will notify my supervisor of any departure from these restrictions.

Employee's Signature:	Date:
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Annual Review

2020 - 2021



Annual return form 49.

If you have not done 3 in more than one district, put an X in the box for Åê à~ ÅMultiÅê à..... Enter the value of Part II, line 17 Enter the amount in Part III of row 18, column C..... See the instructions p Part IV. Total payments made less any refunds received for the fiscal year For the purpose of determining the date of submission of a document, documents submitted at 3 3 4.30 pm on Monday Thursday, 4pm on Friday (day 1) but before 09:00 on the following working day (day 2) will be treated as having been submitted on day 1. Documents submitted before 09:00 immediately following a weekend or bank holiday, will be treated as having been submitted on the last working day before the end of the weekend or the bank's bank, has extended the right to To receive documents by e - mail, first introduced under the emergency powers (coronav) (electronic transmission of information - Companies) Regulations 2020 , following an amendment. ElectroTransaction Law 2000 ElectroTransactions (Amendment) (No.2) Regulations 2020.Guidance issued by companies Registration in November 2020 e-mailing documents, see here Our privacy notice for details on how we handle your data. (Changed return only) line 33 minus line 30 CrÅ @said claimed in the original annual return. 39. Popular articles How to make a quote: Free Quote Template How to make a quote: Form I-551, Permanent Resident Card Form I-551, Permanent Resident Washington State Patrol Inspection Card Formal State Patrol Inspection Request Form MV-4Å. Sales of Vehicles and Request of Vehicle Tax for Registration Form MV-4Å. Sales of Versions and Use of Tax Return for Registration Form I-797C, Formal Action Notice I-797C 797C, ACTION NOTICE FORMORE REG 124, request for identification of attributes Board form REG 124, request for identification of assigned views VSD 190 board form, application for transactional (s) VSD 190 form, applies for transaction(s) of versions 1246, DOS-1246 Security Guard Renewal Application Form, Security Guard Refresh Application application 30.31, 28.29. Line 31 minus line 32 total p/deduction p claimed, Total amount due and payable (add rows 35 and 36) 37. - sum of part II, column c (tax income) Åê à~ "Enter the result here and on page 2, row 25, column c- I declare, under the penalties set out in section 231-36, HRS, that this return (including any timetables or accompanying p) was existing by me and, to the best of my knowledge and belief, it is true, correct and complete return, made in good faith for the declared tax period in accordance with GeneralExcise and use the tax laws, and the rules issued below. In the case of a corporation or partnership, this return must be signed by an officer, partner or member, or duly authorized agent.Continued on page 2 A" The expiration date is the 20th day of the 4th month following the 3 of your fiscal year of the Board Department Board Department: Please use A viewer of if you are not seeing this message, you are not using a browser that is not compatible with the j6CI oirjÅlumrof(sadigetorp salul@Åc ed aserpme amu omoc odaroprocnri res a otnemireuqer mu rahnapmoca arap ofÅÅaaralceD droW ofÅsreV)5CI oirjÅlumrof(sadigetorp salul@Åc ed aserpme amu omoc odaroprocnri res a otnemireuqer mu rahnapmoca arap ofÅÅaaralceD droW ofÅsreV)4CI oirjÅlumrof(sadaroprocnri salul@Åc ed aserpme amu omoc odaroprocnri res a otnemireuqer mu rahnapmoca arap ofÅÅaaralceD droW ofÅsreV)3CI oirjÅlumrof(sadaroprocnri salul@Åc ed aserpme amu omoc odaroprocnri res a otnemireuqer mu rahnapmoca arap ofÅÅaaralceD droW ofÅsreV)2CI oirjÅlumrof(sadaroprocnri salul@Åc ed aserpme amu omoc odaroprocnri res a otnemireuqer mu rahnapmoca arap ofÅÅaaralceD droW ofÅsreV)1CI oirjÅlumrof(sadaroprocnri salul@Åc ed aserpme amu omoc odaroprocnri res a otnemireuqer mu rahnapmoca arap ofÅÅaaralceD sdaolnwDotnemucod od emoN .53.43 92 e 82 sahnli ranoida.....odoÅreP o etnaruD sodailava serolaV .SODIVED SIANOICIDA SOTSOPMI .radraug ed uobaca euq otnemucod on ehlabart ,aroga ed ritrap a ,e odigÅr ocsid ues on)FDP orielicif(oirjÅlumrof o edraug - 1)500.(%1 ED %ÅÅ @ OSU ED SOTSOPMI e LAREG OICÅCXNE - I ETRAP)b anuloc sonem a anuloc(oxiaba sepÅÅurtsni sa agis rowaf rop .redaer ÅÅeboda o esu ,rovaf rop ,amelborp etse revloser araf ,oirjÅlumrof etsen soditnoc sodayÅAnava sostrucer so ratucexe arap odaraper -EMON ofÅÅs ofÅÅn sepÅÅÅacilpa satsed satium ,etnemzielni .231 anigÅp an "odadnemE" ofÅÅacilfrev ed axiac a evgram 23 ahnil en rolav mu rizudortni araf .13. 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Monday through Thursday: 9:00 AM-4:30 PM Friday: 9am to 4.00pmYou can also post them 3 working hours using our mailbox located on the main door of the Registries Building on Deemsters Walk, Bucks Road, Douglas. Full G-75 form of multiple districts27.Add column and rows 24 to 27 and enter the result here (but not less than zero).If you have no activity for the period, enter Å Å0.00Å Å..... t accept the nomination. PDF Version Word format Request for authorization to continue in a country or territory outside the Isle of Man's. Sum of Part II, Column c (Tributable Income) ÅÅEnter here the result and in Page 2, row 25, Column c- I declare, under the penalties set out in section 231-36, HRS, that this return any time or statement p company you) has been examined by me and at the best of my drah ruoy morf ehl eht nepo neht dna ,resworb ruoy esolc ,evird drah ruoy ot ehl eht evas esaelP,mrof siht ni delbane servtaef eht htiw elbitapmoc ton si taht resworb a gnisu era uoy ,agasom siht gnieses era uoy fmruter DEDNEMA na si siht fi YLNO xob siht ni X na ecalPREWEIV FDP TNHEREFFID Å ESU ESALP .GNINRAWAERA SIHT NI ETRIV TON ODNTOXAT FOTNEMTRAPED ÅÅÅÅ IIAWAH FO ETATSraey xat ruoy fo esolc eht gniwolof htnom ht4 eht fo yad ht02 eht si etad euD ,etnÅ noisrev droW noisrev FDP .7fo seitivtCÅ ssesisuB .33.23 ,ynevlos fo noitaralceDÅ Å 33 enil sunim 03 enil ,lanoissesforPro dradnats(taborca ÅÅeboda htiw ro ,)rehgih ro 5 noisrev redaer ÅÅeboda htiw devas tsuj uoy morf eht nepO -.2.mrof hcae ot eman elif therefid a ngissa dna seipoc ekam ,mrof ero naht erom lliif)-(ngis sunim a ecalp ,rebmun evitagen flot deen uoy fi .61)-(ngis sunim a ecalp ,rebmun evitagen fl)40.(%4 @ SEXAT ESU dna ESICXE LARENEG - II TRAPc nmuloC ,Å2 enil ,2 egap no dna ereh tuser eht retnE ÅÅÅÅ)emocni elbaxaT(c nmuloC ,I traP fo muS ,dewollasid eb lliw demialc snoitcuded/snoitpmexe ,dehcatta ton si EGeludehcS fi)EG eludehcS heattÅ ,rotcerid a yb gnikatrednu elbacoverriÅ Å ,ytnuoc hcae ot elbatubirtta c nmuloC ,71 enil ,II traP morf stnuoma eht retnEÅÅÅÅ EGRAHCRUS YTNUOC - VI TRAP)-(ngis sunim a ecalp ,rebmun evitagen flc nmuloC ,62 enil no tnuoma siht retnE)5100.(%51. @ SNOISSIMMOEC ENARUSNI - III TRAP)b nmuloC sunim a nmuloC(NSS ro NIEF ruoy fo stigid 4 tsalemaN IV & V straP ÅÅÅÅ 2 egap no deunitnoC.TNEGA DEZIROHTUA YLUD RO ,REBMEM RO RENTRAP ,RECIFFO NA YB DENGIS EB TSUM NRUTER SIHT ,PHSRENTRAP RO NOITAROPROC Å FO ESAC EHT NI,rednuereht deussi selur eht dna ,swal xat esU dna esicxElareneG eht ot tnausrup ,detats doirep xat eht rof htiáf doog ni edam ,ruter etelpmoc dna ,tcerroc ,eurt a si ,feileb dna ,ssenisub ,ssenisub detcudnoc evah uoy hcihw ni tcirtsid noitaxat eht fo xob eht ni X na ecalP,ecnalpmocnon rof ytlanep %01 a ot teclbus eb yam dna traP siht etelpmoc TSUM sreyaxat LLA TCIRTSID YB SEXAT FO TNEMNGISSA FO ELUDEHCs ÅÅÅÅ V TRAP)-(ngis sunim a ecalp ,rebmun evitagen fl)-(ngis sunim a ecalp ,rebmun evitagen fl)4 (ngis sunim a ecalp ,rebmun evitagen fl,e nmuloC ,72 enil ,IV traP no)stuser eht fo latot eht retne dna)setar ytnuoc elbacilppa ehtyb c nmuloC ypitluM ,DEDNUPER EB OT TIDERC .43.33 ,f/redaerreg/og/moc ,eboda ,www/p/ptth ,ta ti daolnwod nac uoy ,retupmoc ruoy ni dellatsni ton si redaer ÅÅeboda fi -.Å ,snoisses therefid ni mrof eht etelpmoc dna atad morf eht evas ot uoy wolla liiw rehgih ro)2102(11v redaer ÅÅeboda -.3desu gnieb ton si ti nguohT ,retupmoc ruoy ni dellatsni ydaerla si redaer ÅÅeboda taht yleki naht erom si ti ,naM fo elsi eht edistuo yrotirret ro yrtnuoc a ni deunitnoc eb ot tnesnoc rof noitaclppa noisrev droW noisrev FDP .93.83 ,EDAM STNEMYAP TEN .71stropmfi fo eulaV dednaL ,ereh ÅÅÅÅ0.0ÅÅÅÅ retne esaelp ,ruter siht htiw tnyepya gnittimbu TON era uoy fi .73.53 ,smrof elbalif FDP etelpmoc ot dna stnemucod FDP weiv ot uoywolla taht jctc ,EGDE ,weiverp ÅÅÅCAM ,weiverp ÅÅÅemorhC(snoitacilppa fo rebmun a era ereht ,redaer ÅÅeboda sediseBNSS ro NIEF ruoy fo stigid 4

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