

U.S. Team Member

leave of absence guide

THE MICHAELS COMPANIES

Michaels | *Darice*[®] | DSI | ARTISTREE[®]

Your Guide to Leaves of Absence in the United States

When to consider a Leave of Absence

There are many family, medical or personal situations that can arise where it may be appropriate for you to consider a leave of absence (LOA) based on the situation and your eligibility. A few common examples are:

- when you are attending to a medical need
- when you are caring for a sick child, spouse, or parent
- when you need to be absent from work for more than five consecutive working days, for reasons other than vacation or scheduled time off

We offer the following types of leaves:

- Family Medical Leave (FMLA) – U.S.
- Team Member Medical Leave (Non-FMLA)
- Personal Leave
- Uniformed Service Leave
- Parental Leave
- California Family Rights Act (CFRA)
- Pregnancy Discrimination Leave (PDL) – (California)
- Other Leaves required by applicable law

Things You Should Know

- You may use vacation, personal, and sick time while on leave.
- You are required to pay your portion of all benefit premiums while on leave.
- You should continue to make 401(k) loan payments directly to Vanguard during your leave.
- You may be required to provide medical certification to AbsenceOne for certain types of leave to be approved for the leave.
- Regular communication with AbsenceOne is important for a smooth leave process.
- Your manager should be kept informed as to any changes in your leave status.
- A Medical Release to Work Form from your health care provider may be required for certain types of leaves before you will be allowed to return to work.

How a Leave of Absence Works

You notify your manager that you need time off. You and your manager discuss accommodations.	If you consider a LOA, please contact AbsenceOne, our LOA administrator.	Provide required documentation to AbsenceOne.	Your LOA is approved or denied.	Provide any required Return to Work documents.	Come back to work!
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We're Here for You

If you need time away from work, please discuss the situation with your manager. While you may require a traditional LOA, we may be able to accommodate your needs through schedule changes, work modifications or other adjustments so you can keep working and take care of your situation.

To initiate a leave of absence, please choose one of the following options:

- Call AbsenceOne at 844-264-2308
- Log into AbsenceOne Self-Service Portal at <https://AbsenceOne.com/Michaels>

Short-Term Disability:

- If you are covered by a short-term disability plan through Michaels, the AbsenceOne team will assist you in filing a short-term disability claim when you contact them about your leave.

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Leave of Absence and Eligibility

Leave Type	Who Can Take	Why You Use This Leave	How Long	Return to Work
FMLA (Family and Medical Leave Act)	<ul style="list-style-type: none"> • Employed for at least 1 year and • Worked at least 1,250 hours in the 12 months prior to the leave and • Satisfied all other conditions of eligibility under FMLA 	<ul style="list-style-type: none"> • Birth and care of your newborn child • When you adopt a child, or a foster child is placed with you • To care for spouse, child or parent with a serious health condition • If you are unable to work because of your own serious health condition 	<p>Up to 12 weeks in a rolling calendar year.</p> <p>May be taken intermittently or on a reduced leave schedule when medically necessary with supporting documentation and approval</p>	<p>Must provide AbsenceOne with Return to Work documentation if leave is for your own medical condition.</p>
		<p>Military leave for qualifying exigency. Team Members must be a spouse, son, daughter, or parent of the individual who is on active duty in the armed forces or has been notified of an impending call to “covered active duty” in the Armed Forces (members of the U.S. National Guard and Reserves)</p>	<p>Up to 12 weeks in a rolling calendar year with supporting documentation</p>	
		<p>Military caregiver leave entitles an eligible Team Members who is the spouse, son, daughter, parent, or next of kin of a “covered service member” to care for that “covered service member” with a “serious injury or illness.”</p>	<p>Up to 26 workweeks of FMLA leave in a rolling 12-month period with supporting documentation</p>	
CFRA (California Family Rights Act)	<ul style="list-style-type: none"> • Employed for at least 1 year and • Worked at least 1,250 hours in the 12 months prior to the leave 	<ul style="list-style-type: none"> • Birth and care of your newborn child • When you adopt a child, or a foster child is placed with you • To care for spouse, child or parent with a serious health condition • If you are unable to work because of your own health condition 	<p>Up to 12 weeks in a rolling calendar year.</p> <p>May be taken intermittently or on a reduced leave schedule when medically necessary with supporting documentation and approval</p>	<p>Must provide AbsenceOne with Return to Work documentation, if leave is for your own medical condition</p>

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Leave Type	Who Can Take	Why Use This Leave	How Long	Return to Work
Team Member Medical Leave (Non-FMLA)	All Team Members, regardless of tenure	For your own serious health condition	Up to 12 weeks in a rolling calendar year with supporting medical documentation	Must provide AbsenceOne with Return-to-Work documentation
Personal Leave	Full-time regular Team Members with 3 months of continuous service	Compelling reason	Up to 6 weeks in a rolling calendar year	Contact AbsenceOne
Uniformed Service Leave (USERRA)	All Team Members, regardless of tenure, called to active duty	Team Members called for active duty	See uniformed service leave section below	See uniformed service leave section below
Parental Leave	Full-time Salaried Team Members	Parents of newborns or adopted children	Paid up to 80 hours - to be taken within 12 months of birth, adoption, or placement	Contact AbsenceOne

Applying for a Leave of Absence

Team Members should provide as much notice as possible when requesting a leave. In an emergency, we ask that you contact AbsenceOne within two working days to let them know, unless there are extraordinary circumstances that prevent you from contacting AbsenceOne. You will be required to provide a start date, end date, and leave reason. AbsenceOne may ask for things like medical documents, your ability to perform your job functions, the need for hospitalization or continuing health care treatment by a health care provider, or circumstances supporting the need for uniformed service leave. If you are requesting leave to care for a family member, you may be asked for similar information about their situation.

Once AbsenceOne receives your request, they will mail (or email if requested) a packet to your home. You must complete and return information to AbsenceOne within the specified time frame for your leave to be approved.

Leave Extensions or Reductions

If your situation changes and you need to modify the length of your leave, you should notify AbsenceOne as soon as you are able. For extensions, you should make your request within five working days of your original return to work date. Extensions of leaves may require additional documents for approval.

Pay While on Leave

Unless a company policy indicates otherwise, leaves of absence are unpaid. If you have available paid time off (vacation, personal or sick time), you may choose to use it during your leave. If you use WorkSmart to submit your time, you will continue to do so while on leave. If you use Workday to record your time, you will submit your request for all paid time off in Workday.

Directors and above may use up to three weeks of salary continuance while on leave in lieu of vacation. This should be requested in Workday.

Short-Term Disability (STD)

Short-Term disability benefits provide a portion of your pay when you are unable to work due to a disability. If you are unsure if you have STD, please refer to your benefit elections in Workday.

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If you are a Vice President or above and you become disabled, after certifying your leave with AbsenceOne, you will be paid through Michaels Payroll. You will receive your normal paychecks, with benefit deductions, as long as you are disabled, up to 90 days. Refer to the Executive Short-Term Disability policy on our benefits website, www.MIKBenefits.com.

Applying for Short-Term Disability (STD) Benefits

If you are enrolled in STD and request a leave for your own health condition, AbsenceOne, will open a claim for disability benefits. You will complete one set of forms for your leave of absence and your STD claim.

Short-Term Disability Benefits and Your Pay

Short-term disability starts after a waiting period of 7 or 14 calendar days depending on your plan. After the waiting period, you receive a percentage of your pay, usually 50% - 60% depending on your plan. STD is not considered regular income and is not subject to normal taxation. However, if you are a salaried Team Member, your STD payments will be taxable since Michaels pays the premiums on your behalf. You may choose to supplement your STD benefit with earned sick, vacation and personal time. For example:

Sue is going on an 8-week Leave for a serious health condition. Her short-term disability benefit has a 14-calendar day waiting period for her benefit that covers 50% of her pay. Here's how Sue will use her Short-Term Disability in conjunction with other time off she has available:

- *She will use 10 sick days to cover the 14-calendar day waiting period before she's eligible for STD.*
- *Since she will be receiving STD payment that equal 50% of her regular pay for the next 6 weeks she will use half-days of sick, vacation and personal time, to supplement her short-term disability until she exhausts all time off options, or she returns to work.*

Disability Administrator for most Team Members:

Contact AbsenceOne, (844)264-2308 or <https://AbsenceOne.com/Michaels>.

Team Members located in the following states must file disability claims with their local agency:

State	Contact Information
California	https://www.edd.ca.gov/Disability/How_to_File_a_DI_Claim_in_SDI_Online.htm 1-800-480-3287 or 1-866-658-8846 (En Español)
Massachusetts	https://www.mass.gov/topics/paid-family-and-medical-leave-in-massachusetts Call Department of Family and Medical Leave, For questions about benefits and eligibility at (833) 344-7365
New Jersey	https://myleavebenefits.nj.gov/ 1-609-292-7060
New York	https://ww3.nysif.com/Home/Claimant/DBClaimant/FilingAClaim 1-518-437-4205
Rhode Island	http://www.dlt.ri.gov/tdi/TDIfile.htm 1-401-462-8420
Washington	https://www.paidleave.wa.gov/2019 833-717-2273

Long-Term Disability (LTD)

While chronic or catastrophic illness and injury don't occur often, if it happens to you, it could disable you for months. If you are a Full-time U.S. salaried Team Member (including Store Managers and Asst. Store Managers), Michaels provides a long-term disability (LTD) benefit at no cost to you. U.S. hourly Team Members may elect LTD coverage. The plans are administered by Prudential. If you are unsure if you enrolled in this benefit, please refer to your benefit elections in Workday. For details about the Long-Term Disability policy, refer to the Summary Plan Description (SPD) available on [MIKBenefits.com](http://www.MIKBenefits.com).

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While You're on Leave

While you're away on Leave, the following rules apply, subject to state, federal and local laws and regulations:

- You do not earn sick time while on leave. Vacation and personal days are not earned or received while on leave.
- Team Members on an approved leave receive vacation, and personal days if applicable, at the beginning of the next vacation year when they return to active status.
- You will not be paid for holidays or bereavement while on leave.
- You may not perform work for any other employer/go into business that directly conflicts with your medical restrictions, except as allowed for uniformed service leave, pregnancy or permitted by law.
- You may be required to report your leave status and return to work plan to us.
- Unless prohibited by applicable laws, you may be granted a combined maximum of up to 30 weeks in a 12-month period for the following types of Leave: FMLA, PDL, CFRA, Non-FMLA and personal leave.
- If you are eligible for FMLA, you must use it first before applying for any other type of Leave.
- FMLA, Non-FMLA and Personal Leave will run concurrently with a leave of absence for an on-the-job injury covered by workers' compensation insurance, as allowed by applicable law.
- Spouses who are both employed by Michaels are limited in the amount of leave they may take for the birth and care of a newborn child, placement of a child for adoption or foster care, or to care for a parent who has a serious health condition to a combined total of 12 weeks (or 26 weeks if leave to care for a "covered service member" with a serious injury or illness is also used). Leave for birth and care, or placement for adoption or foster care, must conclude within 12 months of the birth or placement.

If you experience a work-related injury or illness and are eligible for Workers' Compensation Temporary Total Disability (TTD) or Temporary Partial Disability (TPD), you may also supplement those benefits with available sick, vacation or personal time to equal 100% of your pay. For example:

Mary is an hourly Team Member who has a 14-calendar day waiting period for her TTD/TPD disability benefit that covers two-thirds of the average weekly earnings. She can use 10 days of sick time for the waiting period, then supplement her disability benefits with sick, vacation or personal time.

Uniformed Service Leave

It is our intent to comply with the Uniformed Services Employment and Reemployment Rights Act (USERRA), as amended, and any applicable laws regarding uniformed service leave. Exempt Team Members receive two weeks paid uniformed service leave if called for active duty. Non-exempt Team Members are granted unpaid leave of absence for uniformed service in accordance with applicable law. You may use earned vacation or personal time to cover unpaid time. Otherwise, your leave is unpaid unless required by law.

As soon as you know your required dates of service, provide notice to your manager and a copy of the official orders or instructions unless giving notice is impossible, unreasonable or precluded by uniformed service necessity. When you return from a uniformed service leave, you will be reinstated to the position you would have attained had you remained continuously employed, your former position, or an equivalent position, all subject to you being qualified for the reinstatement position and reasonable efforts by the company to help you become qualified, to the extent required by applicable law. To be eligible for reinstatement:

- For uniformed service leaves of more than 30 days, you must provide documentation of satisfactory completion of service, as well as appropriate documentation to establish that you are eligible for reinstatement.
- For service of less than 31 days, you must return at the beginning of the next regularly scheduled work period on the first full day after release from service, taking into account safe travel home plus an eight-hour rest period.
- For service less than 181 days, please contact your supervisor about returning to work within two weeks of your return home.
- If you served more than 180 days, please contact your supervisor within 90 days of your return home.

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If you have questions about Uniformed Service leaves of absence, contact Team Member Services at (855)432-6453, option 2.

Benefits While on Leave of Absence

It is your responsibility to pay your share of the monthly premiums associated with your benefits to maintain your coverage. The Taben Group (Taben) will collect these premiums on behalf of Michaels for Full-Time Team Members. Taben will send you an invoice letter as well as a reminder notice for premiums due. You will make your payments directly to Taben; their direct number is (800)675-7341.

You have a 30-day grace period to make premium payments. If payment is not made by then, your benefits may be cancelled. We will provide written notification at least 15 days before the cancellation date. If you do not return from leave, we will pursue, as needed, legal remedies to recover any health premiums paid by the company on your behalf during any unpaid periods of leave.

Medical Certification

Certain leaves require medical certification. Once AbsenceOne receives a request for leave of absence, a certification form will be mailed to your home if required. If you do not provide the required certification, approval of your leave will be delayed. If the medical certification is not supplied within 15 days, the leave will be denied. Any request to extend a leave must also be supported by an updated medical certification.

If there are reasons to doubt the validity of the certification provided, you may be required to obtain a second opinion from a doctor of our choice at our expense. If the health care provider and the doctor providing the second opinion do not agree, a third opinion may be required, also at our expense, performed by a mutually agreeable doctor who will make a final determination.

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits us from requesting or requiring genetic information for you or your family members. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

frequently asked questions

Q: What is the company's maternity and paternity leave policy?

A: We do not have separate policies for maternity and paternity leave. Michaels offers Parental Leave for salaried U.S. Team Members. Parental leave provides up to 80 hours of paid time off for the birth, adoption, or foster placement of a child. For disability benefits, refer to the short-term disability Summary Plan Description (SPD) on www.MIKBenefits.com.

Q: What pay will I receive when I am on leave?

A: You do not receive regular pay while on a LOA. See the sections above related to using your available sick, vacation, and personal time, as well as disability insurance (if applicable) to supplement your income while on leave.

Q: How do I receive applicable sick, vacation, or personal hours while on a LOA?

A: If you enter your time through WorkSmart, you will enter your paid time off requests through WorkSmart. If you use Workday, you will enter your paid time off requests through Workday.

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Q: How do I get paid while on Parental Leave?

A: Salaried Team Members, Store Managers, and Asst. Store Managers eligible for Parental Leave will be able to request and designate their Parental Leave allowance in Workday. Parental leave must be used within one year of the child birth, adoption or placement.

Q. What is the procedure to return to work from a LOA?

A: Contact your manager at least one week prior to your anticipated return to work date. If you are on a LOA for your own health condition (other than workers' compensation), you must send the Release to Work Form completed by your health care provider to AbsenceOne by fax at 855-800-5116 or email, Michaels601ops@sedgwickcms.com prior to returning to work. Be sure your doctor completes the form in its entirety. If you do not provide this information, your return to work may be delayed. Coordinating your return with your manager is important so we can plan a practical return date.

Q: What if I have work restrictions or need an accommodation when I return to work?

A: We will engage in our interactive process to seek a reasonable accommodation for your needs. That accommodation might include a change in job duties, use of special equipment, or modified work schedule. We are committed to helping you return to work as soon as possible when your leave ends.

Q: What happens if my LOA is exhausted and I am not able to return to work?

A: The most important thing to do is let us know about your situation. If you are unable to perform the essential functions of your job when you have used all available leaves, we will engage in our interactive process to find a reasonable accommodation for your situation. Accommodations could include changes in your job duties or schedule, use of special equipment, or even additional leave time. In the event you choose not to engage in our interactive process and do not return to work as planned, we may have to assume you have chosen to resign your employment with us.

Q: Do I pay for benefits while I'm on leave?

A: Yes, you are responsible for paying your portion of your benefit premiums while on leave. For Full-time Team Members, benefit premiums are paid to Taben. You will receive an invoice from Taben for the premium. Invoices are sent via email if you have one file with us. Otherwise, invoices are mailed to the home. You can reach Taben at (800) 675-7341. For Part-time Team Members, benefit premiums are paid directly to Aetna SRC and must be paid to avoid cancellation of your coverage. If you miss a payment, you will not have coverage for the period your premiums would cover. Contact Aetna Voluntary at (888)772-9682 for instructions on how to make payments.

Q: What if I need to make a change to my benefits while I'm on a LOA?

A: If you experience a qualified life event while on leave such as a marriage, the birth of a child, adoption, etc. Team Members will need to visit Workday, within 60 days of the event, in order to change their benefit elections. If you wait longer than 60 days, you cannot change your coverage until the next open enrollment period.

Q: What is the effect on my 401(k) loan(s) while on a LOA?

A: If you have a 401(k) loan, you are responsible for making your loan payments. If you are not using available sick, vacation or personal time (or you have used all), we cannot withhold loan payments and you will be responsible for making the loan payments directly to Vanguard. Contact Vanguard, our 401(k) administrator, 800-523-1188 for more information.

Q: What other benefits are available to support me during my LOA?

A: The EAP is a free and confidential resource available for all Michaels Team Members and their families even if you're not enrolled in a benefit plan through Michaels. You can talk to professional counselors who

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can help you get a handle on anything that's bothering you, such as relationship and family problems, to money worries. The EAP can also help you locate resources in your community such as childcare, elder care, nanny services and adoption assistance. Contact the EAP at any time — 24 hours a day, seven days a week at 1-800-283-5645. Or, go to <http://www.mylifevalues.com/> (username: Michaels password: 8002835645). You can also visit MIKBenefits.com for more information on other benefits and wellness programs!

Full details of these benefits are contained in the legal documents (such as plan documents and policy contracts) governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Michaels reserves the right to change or discontinue the plans at any time. Participation in the plans does not constitute an employment contract. Michaels reserves the right to modify, amend or terminate any plan or practice described. Nothing in this document guarantees that any new plan provisions will continue in effect for any period of time.

Leave of Absence: Release to Work Form

NOTE TO PHYSICIAN/HEALTH CARE PROVIDER: Completion of this form is necessary for the patient to return to work. Please complete this form, provide a copy to the patient and fax a copy to **AbsenceOne at 855-800-5116**.

PART 1: PATIENT INFORMATION

Patient Name (Please Print): _____ Date of Birth: _____

PART 2: WORK STATUS

PHYSICIAN/PROVIDER MUST SELECT ONLY ONE OPTION (A, B or C) BELOW AND COMPLETE.		
A	B	C
Patient is able to return to work without restrictions beginning on _____ (insert date) When complete, move to Part 4.	Patient is able to return to work with restrictions from _____ to _____ (insert dates) When complete, move to Part 3.	Patient is able to return to work on reduced schedule from _____ to _____ (insert dates) Patient may work _____ hours per day. When complete, move to Part 3 if additional restrictions apply.
NOTE: If patient is unable to return from work and an extension of the leave of absence is needed, please make sure that the patient calls AbsenceOne at 844-264-2308 as soon as possible to request an extension.		

PART 3: ACTIVITY RESTRICTIONS

Please complete based on your best understanding of patient's essential job functions when reduced schedule or restrictions (B or C in Part 2) is selected. If a particular restriction does not apply, disregard. If additional space is required, please list on a separate page.

TIME-BASED RESTRICTIONS (if any) Please check line below and add max number of hours they may do this task per day. Specific number of hours required. No range.	Other Restrictions (if any): Please check line below and complete additional information required.																																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Max Hours Per Day</th> </tr> <tr> <td style="padding: 5px;">Bending/stooping</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 5px;">Climbing</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 5px;">Grasping/Squeezing</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 5px;">Kneeling/Squatting</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 5px;">Pushing/Pulling</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 5px;">Reaching</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 5px;">Sitting</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 5px;">Standing</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 5px;">Twisting</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 5px;">Typing/Keying</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 5px;">Walking</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 5px;">Wrist Flexion/Extension</td> <td style="padding: 5px; text-align: center;">_____</td> </tr> </table>	Max Hours Per Day		Bending/stooping	_____	Climbing	_____	Grasping/Squeezing	_____	Kneeling/Squatting	_____	Pushing/Pulling	_____	Reaching	_____	Sitting	_____	Standing	_____	Twisting	_____	Typing/Keying	_____	Walking	_____	Wrist Flexion/Extension	_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">— Sit/stretch breaks of _____ minutes/hours per _____ minutes/hours</td> </tr> <tr> <td style="padding: 5px;">— May not lift/carry objects over _____ lbs. for more than _____ hrs. per day</td> </tr> <tr> <td style="padding: 5px;">— May not perform any lifting/carrying</td> </tr> <tr> <td style="padding: 5px;">— Must wear splint/cast at work</td> </tr> <tr> <td style="padding: 5px;">— Must use crutches at all times</td> </tr> <tr> <td style="padding: 5px;">— No driving/operating heavy equipment</td> </tr> <tr> <td style="padding: 5px;">— Must take prescription medication(s)</td> </tr> <tr> <td style="padding: 5px;">— Medication may make drowsy (possible safety issue)</td> </tr> <tr> <td style="padding: 5px;">— Other</td> </tr> </table>	— Sit/stretch breaks of _____ minutes/hours per _____ minutes/hours	— May not lift/carry objects over _____ lbs. for more than _____ hrs. per day	— May not perform any lifting/carrying	— Must wear splint/cast at work	— Must use crutches at all times	— No driving/operating heavy equipment	— Must take prescription medication(s)	— Medication may make drowsy (possible safety issue)	— Other
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PART 4: PHYSICIAN/PROVIDER SIGNATURE

 Attending Physician/Provider's Full Name (Please Print)

 Attending Physician/Provider's Telephone Number

 Attending Physician/Provider's Signature

 Date