

**MIAMI-DADE AVIATION DEPARTMENT
ADMINISTRATIVE SERVICES**

APPLICATION FOR THE RETURN-TO-WORK PROGRAM

Name: _____ Social Security No. _____

Address: _____

Telephone No. _____ Additional No: _____

Job Title: _____ Location: _____

Employee Status: _____ Locator: _____

Supervisor's Name: _____ Supervisor's Phone No. _____

Date of Injury/Illness: _____ Temporary Restricted-Duty Assignment: _____

Check One: On-the-Job Injury Off-the-Job Injury

Description of Injury: _____

Restriction/s: _____

Risk Management Adjuster _____ Phone No. (305) 375-4280 Ext. _____

Education

Name of School/Trade School or College Dates Course Study Degree Received

Applicant's Signature

Date:
