

RETURN TO WORK CERTIFICATION



For employees returning from medical leave who did not qualify for, or have exhausted, Family and Medical Leave (FML)

SECTION I – To be completed by DEPARTMENT

EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL)

EMPLOYEE'S DEPARTMENT

DEPARTMENT CONTACT

SUPERVISOR NAME

DEPARTMENT CONTACT'S MAILING ADDRESS

PHONE

FAX

E-MAIL

SECTION II – To be completed by HEALTH CARE PROVIDER

Please complete the following and return the form to the employee, or to the department contact listed above **prior** to the return to work date.

Important: Please limit your answers below to the serious health condition* for which the employee has been on leave.

NAME OF HEALTH CARE PROVIDER

ADDRESS OR STAMP

1. Is the employee now able to perform those essential functions of his or her job that he or she could not previously perform because of the serious health condition for which the employee has been on leave?

NO. Employee is currently **not** able to work.

I anticipate employee will be able to return to work on:

_____ [Indicate date]

YES. Employee is able to return to **REGULAR WORK DUTIES** on:

_____ [Indicate date]

YES. Employee is able to return to **WORK WITH RESTRICTIONS** on:

_____ [Indicate date]

2. If the employee has restrictions, describe in detail (eg: no lifting over 10lbs, no forceful gripping with left hand, etc):

3. The foregoing restrictions are:

Permanent

Temporary, until: _____

[Indicate date]

SIGNATURE

SIGNATURE OF HEALTH CARE PROVIDER

DATE

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. '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.