PAID FAMILY AND MEDICAL LEAVE

Return to Work Request Form

Please complete this form and submit it to the Human Resources department prior to your scheduled return to work date. If you are returning from medical leave for your own serious health condition, you must also have your healthcare provider complete Section 3 (Fitness-for-Duty Certification).

SECTION 1: EMPLOYEE INFORMATION

Employee Full Name

Employee ID Number

Job Title

Department / Division

Phone Number

Email Address

SECTION 2: LEAVE & RETURN DETAILS

Leave Start Date

Proposed Return to Work Date

Type of Leave Returned From

- ○ **Own Serious Health Condition (Medical)**
- ○ **Family Care / Bonding / Military**

Requested Return Schedule

- ○ **Full-Time / Full Duty (Original Schedule)**
- ○ **Reduced / Modified Schedule (Requires Certification below)**

SECTION 3: HEALTHCARE PROVIDER FITNESS-FOR-DUTY CERTIFICATION

This section must be completed by a licensed healthcare provider if the employee is returning from a leave due to their own serious health condition.

☐ **I certify that the employee is fully recovered and is able to return to full, unrestricted duty starting on the proposed return date listed above.**

☐ **The employee is able to return to work with restrictions/modifications starting on the date listed above, through:**

Describe Specific Work Restrictions / Accommodations Needed (if applicable)

Healthcare Provider Name & Title

Clinic/Facility Name & Phone

Healthcare Provider Signature

Date

SECTION 4: EMPLOYEE SIGNATURE & ACKNOWLEDGEMENT

By signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that failure to submit the required medical clearance may delay my return to work.

Employee Signature

Date

SECTION 5: HUMAN RESOURCES DEPARTMENT USE ONLY

- ☐ **Return to Work Request Approved**
- ☐ **Return to Work Approved with Accommodations / Modified Schedule**
- ☐ **Deferred / Pending Additional Information**

Actual Return to Work Date

Authorized HR Representative Name

HR Representative Signature

Date