FAMILY AND MEDICAL LEAVE
RETURN TO WORK CONFIRMATION

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

JOB TITLE

DEPARTMENT

LEAVE DETAILS

LEAVE START DATE

ACTUAL RETURN TO WORK DATE

TYPE OF LEAVE COMPLETED

- ☐ Paid Family Leave (Bonding/Family Care)
- ☐ Paid Medical Leave (Employee's own serious health condition)
- ☐ Other (Military / Qualifying Exigency)

WORK STATUS & ACCOMMODATIONS

Upon return to work, the employee is fit to resume standard duty with:

- ☐ No restrictions or accommodations required.
- ☐ Accommodations or modified duties required (Documentation attached).

NOTES / SPECIFIC INSTRUCTIONS

ACKNOWLEDGMENT & SIGN-OFF

By signing below, the parties confirm the employee's official return to active status following their approved Family and Medical Leave period.

EMPLOYEE SIGNATURE

DATE

AUTHORIZED HR REPRESENTATIVE SIGNATURE

DATE