



Medical Release to Return to Work

This form is required before an employee who has been on a medical leave may return to work. If this form is not submitted, return to work may be delayed until it is provided.

Employee Information:

Employee Name: _____ ID Number: _____

Supervisor: _____ Department: _____

Date Leave Commenced: _____ Date of Planned Return: _____

To be completed by Employee's Health Care Provider:

This employee is fully released to return to work on: _____ (Date)

This employee is released to return to work on: _____ (Date)

With the following restrictions: _____

These restrictions are in place until: _____ (Date)

Health Care Provider Information

Signature: _____ Date: _____

Printed Name: _____ Telephone: _____

Address: _____