Administrative Employee Return to Work Form

Following an absence due to illness or injury that is greater than 5 days

EE#	Employee Name	Dates of Absence
_____	_____	_____

Employee:

1. Have a health care provider complete this form.
2. Notify your supervisor of when you are cleared to return to work.
3. Return completed form to your supervisor on your first day back to work.

Physician Section: Please see attached Job Description

Is the employee taking medication that could interfere with their ability to perform the essential functions of their job?

☐ Yes – if yes, please complete the prescription or over-the-counter medication form.

☐ No

Select one:

Worker is:

☐ Released for the job with no restrictions on _____
Date

☐ Released for the job, with the following restrictions: _____

_____ on _____
Date

☐ Not yet released for the job, Anticipated release date is: _____
Date

☐ Not released to work. Worker will be reassessed on: _____
Date

Comments: _____

_____

_____

Physician's Name	Signature	Date
_____	_____	_____

Supervisor steps:

1. Review form to ensure completeness. If it is incomplete or vague contact the leave administrator.
2. Initial and date the form.
3. Provide to Human Resources (Leave Administrator) ASAP.

Supervisor's Name	Initials	Date	HR Initials	Date
_____	_____	_____	_____	_____