



Because connections matter.

## Return to Work Release Form

<b>PART I: TO BE COMPLETED BY EMPLOYEE</b>	
1. Name of employee (First Name, Middle Initial, Last Name)	2. Employee's position
3. Date leave commenced.	4. Date planned return to work.
5. Signature of employee	
Signed	Dated
<b>PART II: TO BE COMPLETED BY EMPLOYEE'S HEALTH CARE PROVIDER</b>	
6. I certify that on _____, _____, is able [Date] [Name of Employee] to resume performing the functions of his/her position with or without reasonable accommodation.	
Signed	Dated

7. Health care provider's name, address & telephone number.