

RETURN TO WORK RELEASE FORM

TO BE COMPLETED BY EMPLOYEE'S HEALTHCARE PROVIDER

Any employee returning from a medical leave of absence must provide this or a comparable return-to-work release before actually returning to work. The release needs to be provided to the Office of Human Resources at least two (2) business days before the return-to-work date.

Employee Information

_____ (Employee name) is able to return to work and perform the essential duties of his/her job:

With NO restrictions effective date: _____

With the following restrictions effective date: _____

Restrictions:

Restrictions needed through date: _____

Estimated full duty return to work date: _____

Next appointment date: _____

Healthcare Provider Information

Signature of healthcare provider

Date

Printed name of healthcare provider

Address

Phone

Fax

COMPLETE FORM AND MAIL TO:

Office of Human Resources, Attn: OHR/FMLA
1851 N. Research Drive
Bowling Green, OH 43403

OR FAX TO:

419-372-2920 | Attn: OHR/FMLA