

TO BE COMPLETED BY EMPLOYEE'S HEALTH CARE PROVIDER

Instructions

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, Integrated Disability, on or before the day you return to work.

Employee Information

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

With NO restrictions effective: _____
Date

With the restrictions noted below effective: _____
Date

Restrictions:

Restrictions needed through: _____
Date

Estimated full duty return to work date: _____
Date

Next appointment date: _____
Date

Health Care Provider Information

Signature of Health Care Provider Date

Printed Name of Health Care Provider Date

Address

Phone Fax

Fax completed form to:
(614) 292-0271
Attn: Disability Program Manager
-or-
Mail to:
Office of Human Resources, Integrated Disability
1590 North High St., Suite 300
Columbus, OH 43201