



Return to Work Release Form

Non-work related illness or injury

Physician Certification Upon return to work, employees absent for 3 or more work days due to illness must provide a physician's certificate or other written statement validating illness or injury and releasing the officer for duty.

TO BE COMPLETED BY THE EMPLOYEE:

Employee: _____

Department: _____ Department Phone: _____

TO BE COMPLETED BY THE HEALTHCARE PROVIDER:

Employee may: (Check or mark X)

Return to work on _____ (date) without restrictions

Return to work on _____ (date) with restrictions as indicated below through _____ (date)

If modified duty meeting these restrictions is not available, the employee is considered to be off work until release without restrictions.

Please list restrictions or limitations below:

Restrictions listed below are **PERMANENT**.

Employees with work restrictions seeking reasonable job accommodations/modifications must be indicated in detail and supported by physician. Requests will be evaluated for considered as much as is fair and practicable

Temporary/Permanent Restrictions/Comments:

Name of Health Care Provider: _____ Doctor Phone: _____

Doctor Signature: _____ Doctor Email: _____

Today's Date: _____