

Emory University Medical Release to Return to Work Form

(To be completed by the employee's healthcare provider)

An employee returning from an FMLA or medical leave of absence **must** provide this or a similar physician's version of a return to work form **BEFORE** returning to work. The release must be provided to HR Employee Relations before the day of return. An employee **may not** return to work without appropriate documentation.

Fax completed form to:
(404-712-5205)
Attn: Sheriece March- HR Employee Relations

_____ (*Print Employee Name*) is able to return to work and perform the essential duties of his/her job.

With No restrictions effective _____ (date).

With the restrictions noted below effective _____ (date).

List the specific restrictions/comments if full duty or full-time hours are not permitted:

Restrictions needed through: _____ (specific date). Next appointment date: _____

Estimated full duty return to work date: _____

Healthcare Provider Information

Signature of healthcare provider

Date

Printed name of healthcare provider

Address: _____ Phone: _____
_____ Fax: _____
