

Return to Work Certification

This confidential form may be used by employees who are returning from a medical leave of absence. Employees may also use medical release forms provided by their treating health care provider.

Instructions: This form should be completed by the employee's treating health care provider, and returned to the Payroll & Benefits Office by fax 707-664-4049 or email at hrlives@sonoma.edu prior to the employee's return to work. If you have any questions, please contact the Leave Specialist at hrlives@sonoma.edu. You may also visit our website at www.sonoma.edu/payroll/leaves.html. Individuals in need of a telecommunications relay service may contact the California Relay Service at (877) 735-2929 TTY.

Employee Name: _____

Is the employee able to perform the essential functions of his/her job?

Yes Date of return to full duty: _____

Yes, with restrictions/limitations as follows (may include time base reduction needs):

Are the restrictions/limitations: Permanent Temporary, until (date): _____

Anticipated release to full duty (date): _____

No, the employee is not released to return to work.

Expected duration of continued absence: _____

Health Care Provider Information

Name (Please Print): _____ Phone: _____

Type of Health Care Provider: _____

Address _____

Signature: _____ Date: _____