



# 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, Salazar 2079, prior to the employee's return to work. If you have any questions, please contact the Leave Coordinator at [hrleaves@sonoma.edu](mailto:hrleaves@sonoma.edu) or fax 707-664-2024. You may also visit our website at [www.sonoma.edu/payroll/leaves.html](http://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: \_\_\_\_\_