

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 and Benefits Office by fax (707) 664-4049 or email to hrleaves@sonoma.edu prior to the employee's return to work. Questions may be directed to the Leave Specialist at hrleaves@sonoma.edu or (707) 664-2979. Individuals in need of a telecommunications relay service may dial 711.

Employee Name: _____

Is the employee able to perform the essential functions of their 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: _____