**Return to Work Form**

**Employee Information**

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|  First Name: |  Last Name: |
|  Employee ID: |  Department: |
|  Phone Number: |  Home Address: |
|  Supervisor: |

**Return to Work Details**

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|  Reason for absence: |
|  First date of illness/injury: |  Last date of illness/injury: |
|  Did the employee notify management of absence? |  [ ]  Yes [ ]  No |
|  Was the injury or illness work-related? |  [ ]  Yes [ ]  No |
|  Is the employee cleared to work? |  [ ]  Yes [ ]  No |
|  If so, what level of work are they cleared to perform? |  [ ]  Light [ ]  Medium [ ]  Heavy [ ]  Sedentary |
|  Does the employee require follow-up care? |  [ ]  Yes [ ]  No |
|  If yes, explain: |
|  What actions will be taken to support the employee moving forward? |
|  Employee Signature: |  Date: |