**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: |