

- Employee to complete this form along with the Health Care Provider then return the form to Supervisor

Iowa State University FMLA Release to Return to Work

This form should be completed by the employee and the employee's health care provider and returned to the employee's supervisor at least two business days prior to the employee returning to work. Should the release include work restrictions, the department should contact ISU Human Resource Services. Failure to complete and return this form may result in the employee's return to work being delayed.

To be completed by Employee (please print):

Employee Name: _____

Supervisor Name: _____

Phone number where employee can be reached before returning to work: _____

Treating Health Care Provider's Name: _____

To be completed by Employee's Health Care Provider:

The employee may have been given the essential physical functions and/or a description of their position. If not, please visit with the employee regarding the duties of their current job.

Please indicate if the employee can return to work: ___ Yes or ___ No

If yes, please indicate the date the employee is released to return:

If yes, does the employee have any restrictions to return to work? ___ Yes
or ___ No

Signature of Health Care Provider

Date