UCSC LEAVE OF ABSENCE
RETURN TO WORK CERTIFICATION

TO BE COMPLETED BY EMPLOYEE/SERVICE CENTER.
REQUIRED WHEN LEAVE OF ABSENCE IS 30 DAYS OR MORE DUE TO AN EMPLOYEE'S ILLNESS.

Employee name:	Employee signature:
Service Center contact:	Service Center telephone number:
Service Center mailing address:	Service Center FAX number:

TO BE COMPLETED BY EMPLOYEE'S HEALTH CARE PROVIDER
Please complete the following and return directly to the service center contact listed above PRIOR to the return to work date

Please review the attached job description. Is the employee able to perform all the functions of his or her job?

Yes No Yes, with restrictions or accommodations

Please list any restrictions or accommodations which the department should consider:

Are the restrictions: Permanent Temporary, until (date):

Comments:

Employee is released to return to work effective (date):

Name of Health Care Provider:

Specialty:

Address:

Signature of Health Care Provider Date	Place Address Stamp Here

RTN: 3 years (Note: medical information must be retained in a separate confidential file)

This form is available on the web at http://shr.ucsc.edu/forms/forms/shr-1160.pdf