

RETURN TO WORK TEMPLATE

RETURN TO WORK FORM CONFIDENTIAL	
PART I: EMPLOYEE INFORMATION to be completed by employee	
EMPLOYEE NAME	JOB TITLE
DATE ABSENCE BEGAN	DATE RETURNED TO WORK
NUMBER OF WORKING DAYS ABSENT	FULL TIME / PART TIME
REASON Briefly describe the reason for long-term work absence	
Is the department requiring medical documentation regarding the absence? Enter "YES" or "NO."	
EMPLOYEE SIGNATURE	DATE
PART II: RETURN TO WORK DISCUSSION to be completed by manager	
MANAGER'S NAME	DATE OF RETURN TO WORK DISCUSSION
Has the necessary medical certification been presented? Enter "YES" or "NO."	
SUMMARY OF DISCUSSION	
ANY OTHER COMMENTS OR ISSUES RAISED, AND ANY FURTHER ACTION AGREED	
EMPLOYEE SIGNATURE	DATE
MANAGER SIGNATURE	DATE

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