

Fitness For Duty Certification Return from Family or Medical Leave

Company: _____

Name: _____ Badge number: _____

Supervisor: _____ Department: _____

Date Leave Commenced: _____

Date of Planned Return: _____

I understand that my restoration to employment is subject to the following conditions:

As a condition of restoration, each employee must provide a written certification from his or her health care provider that the employee is able to resume working.

Every attempt will be made to restore an employee returning from leave to his or her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.

An employee returning from family and medical leave shall not be entitled to the accrual of any seniority or employment benefits during the period of leave.

Employee's Signature

Date

I have examined the employee named above and certify this person medically able to resume working.

Physician's Signature

Date