

MISSISSIPPI UNIVERSITY FOR WOMEN

Release to Return to Work from Medical Related Leave

Medical authorization from the health care provider is required for employees returning from medical leave and/or FMLA. This form should be returned to Human Resources **PRIOR TO** the return-to-work date.

1. Employee Section

Employee Name: _____

Date Leave Commenced: _____ Date of Planned Return: _____

Employee Signature: _____ Date: _____

2. Health Care Provider Section

Return to regular work schedule **with NO restrictions effective:** _____

Return to work part-time **with the following restriction(s) effective:** _____

Return to work full-time **with the following restriction(s) effective:** _____

Please describe specific restriction(s) relative to performing the employee's duties:

Expected duration of restriction(s): _____ Restriction(s) to be re-evaluated on: _____

Name of Practice: _____ Ph: _____

Provider's Printed Name: _____

Provider's Signature: _____ Date: _____

Fax form to: **662-241-7616**

OR mail to:

MUW Office of Human Resources, 1100 College St., W-1609, Columbus, MS 39701-5800

HR Verification

Received by: _____ Dept. able to accommodate restrictions: Yes No

Comments: _____