

# RETURN TO WORK

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Medical authorization from the health care provider is required for employees returning to work from FMLA/medical leave. This form should be returned to SIU Human Resources at least 3 business days prior to the return-to-work date, if possible. **All fields are required.**

## Employee Section:

Employee/Patient: Last Name \_\_\_\_\_ First \_\_\_\_\_ AIS # \_\_\_\_\_ Dawgtag \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_ Phone # \_\_\_\_\_

Payroll:  Bi-Weekly  Semi-Monthly  Monthly

E-mail \_\_\_\_\_

## Health Care Provider Section:

Return to work at full duty, with NO restrictions, effective: \_\_\_\_\_  
Date

Return to work with the following restriction(s) effective: \_\_\_\_\_  
Date

Expected duration of restriction(s) is: \_\_\_\_\_

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

Full-Time **OR**  Part-Time: \_\_\_\_\_ hours per day or \_\_\_\_\_ per week.

Employee has a return appointment on \_\_\_\_\_ at \_\_\_\_\_  
Date Time

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Health Care Provider Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit completed forms to: [hfringe@siu.edu](mailto:hfringe@siu.edu) or fax (618) 453-2038