



Release to Duty / Return to Work Authorization

SECTION 1: To be completed by HR:

A copy of the essential job functions and regular work schedule/hours or a job description must be attached.

SECTION 2: To be completed by the EMPLOYEE:

Name of Employee (Print): _____

Employee Contact Information: _____
Email Phone

I authorize the health care provider identified below to provide the information requested on this form for the purposes of determining my fitness for duty and for a designated FCSU human resources professional to contact the health care provider to authenticate and/or clarify the information if needed. I understand that if I do not agree to this authorization, my return to work may be delayed or denied.

Employee's Signature: _____ Date: _____

An employee who fraudulently obtains FMLA leave will be subject to disciplinary action, up to and including termination.

SECTION 3: To be completed by the HEALTH CARE PROVIDER

Instructions to the Health Care Provider: Please review the attached essential functions/schedule or job description and answer the following:

Is employee able to perform the essential functions of the position(s) that are attached:

Yes, the employee is fully released to return, with no restrictions, on _____
Date

Yes, with restrictions. Please list the essential functions the employee is unable to perform or limitations the employee must adhere to and to what date: _____

No, the employee may not return in any capacity at this time. We will review his/her status next on _____
Date

Additional Comments:

Health Provider Signature: _____ Date: _____

Provider's Printed Name: _____

GINA Notification to Health Care Providers: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.