

Leave of Absence | Medical Release

Employees on a full leave or reduced work schedule for their own condition must provide a medical release before returning to work. If you gave birth, a medical release is required only if you plan to return to work in less than the standard 6 (or 8) weeks. A medical release is not required for intermittent leaves or any leave to care for a family member (some exceptions may apply).

Employee Instructions: Please return this form, or a similar medical release, from your health care provider within 15 calendar days of your anticipated return date. The form should include your return-to-work date and any applicable restrictions.

Before you return, you must submit the completed medical release to your human resources administrator and/or supervisor.

Employee Information

Employee Name: _____ UFID: _____

Job Title: _____ Department/Unit Name: _____

Expected return to work date per the approved leave documentation: ____ / ____ / ____ (date)

Completed by Health Care Provider

Health Care Provider Instructions: Please select the appropriate checkbox below and complete all applicable fields. If the employee has any restrictions, please provide specific details and the duration of those restrictions. This form should **not** contain any diagnoses or personal medical history.

- I have discussed the essential functions of the position with the employee, and they may return to work with **no restrictions** on ____ / ____ / ____ (date).
- I have discussed the essential functions of the position with the employee, and they may return to work on ____ / ____ / ____ (date) **with restrictions**. The following restrictions will end on ____ / ____ / ____ (date):

Name of Health Care Provider	Signature of Health Care Provider	Date
Phone Number	Type of Practice	Name of Practice

To be completed by HR admin only:

Received by: _____ Signature: _____ Date: ____ / ____ / ____