



FMLA Return to Work Certification Form

Department of Human Resources

Phone (863)874-8736/ Fax (863)874-8889/ LTB 1136

Because your leave is due to your serious health condition, you will be required to present a release from a qualified health care provider authorizing you to return to work. If such release is not received, your return to work may be delayed until the certification is provided.

To be completed by Employee:

Name: _____ Employee ID #: _____

Address: _____

Phone Number: _____ Department: _____

To be completed by Health Care Provider:

Date employee is released to return to work: _____

Is the employee able to perform all the functions of his/her job? Yes No

If No, list any restrictions and any job modifications the department may need to consider:

The restrictions are: Permanent Temporary until (specify date): _____

Additional Comments:

Name of Health Care Provider

Specialty

Mailing address

Phone Number

Signature

Date

Mail to: Department of Human Resources
Florida Polytechnic University
Attn: FMLA
4700 Research Way, LTB 1136
Lakeland, FL 33805

Fax to: 863-874-8889
Attn: FMLA