FLORIDA ATLANTIC UNIVERSITY

FMLA/Extended Leave Return to Work Certification Form

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.

Section I: To be completed by Employee

Name: _____ Z #: _____

Department: _____ Phone Number: _____

Note to employee: If you believe you have a medical condition that is affecting a major life activity and your ability to perform the essential functions of your job, and you believe you need a reasonable accommodation, you must contact the Office of Equity, Inclusion, and Compliance at (561) 297-3004 for information regarding the request for accommodation process under the Americans with Disabilities Act.

Section II: To be completed by Health Care provider:

Provider's name and business address: _____

Type of practice/medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

Return to Full Duty

Date Employee is released to return to **full duty and no work restrictions**: _____

Return with Work Restrictions

Date Employee is released to return work **with restrictions:** _____

Work Restrictions (please be specific as possible):

_____

_____

_____

Duration of above listed medical restrictions: _____

(if date not known, please provide the date of the next appointment)

Signature of Health Care Provider: _____ Date: _____

Please fax completed form to Division Employee Relations and Development, Department of Human Resources at **561. 297. 4220** (Boca & Northern Campuses) or **954.236.1510** (Broward Campuses) or email **emprels@fau.edu**.