

# Return to Work Release Form

**Instructions:**

**Immediate Supervisor:** Give this form with the employee's up-to-date job description attached to the employee.

**Employee:** Have your health care provider review your attached job description and ask him/her to complete this form. Return the completed form to your supervisor before you return to work.

**Health Care Provider:** Please review the attached job description for this employee, complete this form, and return it to the patient.

Employee name: \_\_\_\_\_

Department: \_\_\_\_\_

Date the condition began: \_\_\_\_\_

**Please check one of the following:**

The employee is able to work a full, regular schedule with no restrictions, beginning \_\_\_\_\_(date)

The employee is unable to return to work until \_\_\_\_\_(date)

The employee is able to return to work on a reduced schedule for \_\_\_\_ hours a day from \_\_\_\_ (date) through \_\_\_\_ (date)

The employee is able to return to work with restrictions from \_\_\_\_ (date) through \_\_\_\_ (date).

**Please indicate restrictions, if any, below for:**

Standing (number of hours): \_\_\_\_\_

Walking (number of hours): \_\_\_\_\_

Sitting (number of hours): \_\_\_\_\_

Lifting (number of pounds): \_\_\_\_\_

Carrying (number of pounds): \_\_\_\_\_

Use of hands (repetitive motions, pushing, pulling): \_\_\_\_\_

Any other restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_

Printed Name of Health Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Feedback

## HR DAILY NEWSLETTER

News, trends and analysis, as well as breaking news alerts, to help HR professionals do their jobs better each business day.

Email Address

**CONTACT US ([WWW.SHRM.ORG/ABOUT-SHRM/PAGES/CONTACT-US.ASPX](http://WWW.SHRM.ORG/ABOUT-SHRM/PAGES/CONTACT-US.ASPX)) | 800.283.SHRM  
(7476)**

© 2020 SHRM. All Rights Reserved

SHRM provides content as a service to its readers and members. It does not offer legal advice, and cannot guarantee the accuracy or suitability of its content for a particular purpose.

[Disclaimer \(www.shrm.org/about-shrm/Pages/Terms-of-Use.aspx#Disclaimer\)](http://www.shrm.org/about-shrm/Pages/Terms-of-Use.aspx#Disclaimer)

Feedback