



MEDICAL RETURN TO WORK RELEASE

Date: _____

Patient/Employee: _____

Please provide information regarding the patient/employee's ability to return to work and resume their normal work schedule and responsibilities. Please attach additional information if required. It is the Employee's responsibility to return this form to FMLASource at least 3 days prior to your return to work by faxing to (877) 309-0218.

RETURN TO WORK STATUS

Able to return to regular work on	Date:
Able to return to work with restrictions	Date:
Unable to return to work until	Date:

WORK RESTRICTIONS (if any)

Please list physical work restrictions & duration of these restrictions	
Please list work schedule restrictions (hours/days) & duration of these restrictions	

FOLLOW-UP CARE

Expected length of treatment (indicate number or days, weeks or months)	Days Months	Weeks
Next Appointment/Referral	Date:	

HEALTH CARE PROVIDER INFORMATION

Provider Name	
Provider Signature & Date	
Provider Address	
Provider Phone	
Provider Fax	

FMLA Source®

Dear Associate,

If your eligible leave time is ending and you have not been released to work by your provider, you may contact Premera Associate Relations to request an extension to your leave of absence under the Americans with Disabilities Act (ADA) accommodation process. Your request for an extension will be reviewed under the ADA accommodation process in conjunction with your manager and Premera Associate Relations.

If you are released to work and/or have work restrictions, and require an accommodation in the workplace to meet the essential functions of your job, you may request an ADA accommodation by contacting Premera Associate Relations.

Premera Associate Relations

Non-Operations –Andrea Seitz 425-918-8000 or andrea.seitz@premera.com

Operations-Kerry Kanyer 425-918-3585 or Kerry.kanyer@premera.com

HR associates only –Paula Ramirez 425-918-4291