Return to Work Release Form PDF

Employee Information

- **Name: _____**
- **Employee ID: _____**
- **Department: _____**
- **Supervisor: _____**

Medical Condition Details

☐ **Work-Related Injury**
☐ **Medical Illness**
☐ **Surgery Recovery**
☐ **Personal Leave**

Return to Work Status

☐ **Full Duty**
☐ **Modified Duty**
☐ **Part-Time Work**
☐ **Not Cleared for Work**

Effective Date of Return: _____
Doctor's Comments: _____

Approvals

Employee Signature: _____
Date: _____
Doctor's Signature: _____
Date: _____

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HR Manager's Approval: _____

Date: _____

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