Human Resources
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-2120
FAX (937) 775-3040

Return to Work Certification

Medical authorization from the health care provider is required for employees returning to work from FMLA/medical leave. This form should be returned to Wright State's Human Resources at least 2 business days prior to the return-to-work date.

I. Employee Section

Employee Name/Patient: (Last, First) _____

Job Title: _____

Date of Injury/Illness: _____

Wright State Employee UID #: _____

II. Health Care Provider Section

☐ Return to work at full duty, **with NO restrictions effective**: _____
Date

☐ Return to work **with the following restriction/s effective**: _____
Date

Expected duration of restriction/s is: _____

Please describe any specific restrictions relative to performing the employee's duties:

☐ Full-Time **OR** ☐ Part-Time: _____ hours per day or _____ per week

Employee has a return appointment on (date) and (time) _____ at _____
Date Time

_____ _____
Health Care Provider Signature Health Care Provider Name Printed

_____ _____ _____
Date of Signature Phone (include area cod) Fax

_____
Street Address, City, State and Zip Code

Submission Options

In-Person:	**Secure Fax:**	**Email:**
Human Resources,	**(937) 775-3040**	**HR-Benefits@wright.edu**
University Hall, Suite 203		