

# RETURN TO WORK CERTIFICATION

MR. / MRS. / MS. \_\_\_\_\_

Was under my care from \_\_\_\_\_ to \_\_\_\_\_

And will be able to return to work on \_\_\_\_\_

Are any job modifications required?    NO        YES

If YES, for how long? \_\_\_\_\_

Hours per day: \_\_\_\_\_

Please describe modifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. \_\_\_\_\_

Dr. Signature \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**Fax this form to Unum Provident & GMU Human Resources**

**BEFORE you return to work:**

**Unum Provident : 800-447-2498**

**GMU Human Resources: 703-993-2601**