



Human Resources and Payroll
 4087 University Drive, MS 3C3, Fairfax, Virginia 22030
 Phone: 703-993-2600; Fax: 703-993-2601

FMLA RETURN TO WORK CERTIFICATION FORM

If this leave of absence is due to your serious health condition, you will be required to present a release from your physician or other qualified health care provider authorizing you to return to work. If such release is not received, your return to work may be delayed until the certification is provided.

To Be Completed By the Employee

<i>Employee's Name</i>		
<i>Name of Department Contact</i>	<i>Department</i>	<i>Phone Number</i>
<i>Employee Mailing Address</i>		

To Be Completed By the Health Care Provider (If you need a current job description please ask the employee)

Is the employee able to perform all the functions of his/her job <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list any restrictions or describe accommodations which the department should consider.	
The restrictions are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary until (specify date)	
Comments:	
Date employee is released to return to work: Hours per day:	

<i>Name of Health Care Provider</i>	<i>Specialty</i>
<i>Address</i>	
<i>Signature</i>	<i>Date</i>

Completed form should be faxed or mailed to address listed above before you return to work.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic Information” as defined by GINA includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.”