



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.