

ROOSEVELT SCHOOL DISTRICT NO. 66

Human Resources Department

RELEASE TO RETURN TO WORK

NAME _____

LAST FOUR OF SOCIAL SECURITY NUMBER _____

POSITION _____

SCHOOL/DEPARTMENT _____

I (the employee listed above) have been off work from _____

through _____ and am returning to work on _____

REASON FOR ABSENCE:

- Personal Illness
- Family Illness
- Family Medical Leave Act (FMLA)
- Parental Leave
- Extended Health Leave
- Industrial Injury
- Military Leave
- Other (Please Specify) _____

PHYSICIAN'S RELEASE:

Is Attached

Is **NOT** Attached

PLEASE NOTE: *You will not receive pay until a Physician's Release is received by the Human Resources Department.*

Please List any Limitations/Restrictions as Listed on the Physician's Release _____

Comments: _____

Date _____

Employee's Signature _____

Date _____

Supervisor's Signature _____

Date _____

H/R Administrator's Signature _____

Employees who miss any time as a result of an industrial or non-industrial injury, surgery, parental reasons or employees returning from any other type of illness or disability with limited duty release **MUST** bring a Physicians' Release to the Human Resources Department and be issued a completed copy of this form **BEFORE** returning to work. The Director of Human Resources may confer with the employee and the employee's supervisor regarding the employee's release; a meeting will be arranged if deemed necessary.

The release will be signed by the employee, the supervisor, and the Human Resources Administrator and distributed by the Human Resources Department.

Personnel File Benefits Principal/Dept. Head Absence Reporting Payroll Employee