



Return To Work Authorization Form

For Completion By the Treating Health Care Provider

Instructions:

This form must be completed by your treating health care provider and submitted to the Human Resources Department (via the confidential medical fax 908-737-3319) no later than 5 business days prior to your anticipated return-to-work date.

Employee's Full Name:

The above employee is authorized to return to work on: ____/____/____

☐ Without restrictions.

☐ With the following restrictions:

The restrictions are indicated due to the employee's medical condition and are expected to continue until: ____/____/____

By signing below, I certify that this information is true and accurate to the best of my knowledge.

Health Care Provider Signature

Print Name

Date

Specialty

Address

State/Zip

Return To Work - Instructions

When your treating health care provider releases you to return to work, please submit the [Return To Work Form](#), with the date that you are able to return to work clearly noted in the document.

This should be submitted to Lorice Thompson-Greer, in the Office of Human Resources, via the confidential fax line 908-737-3319, **no later than 5 days prior to your anticipated return to work.**

If your health care provider suggests work restrictions related to your return to work, this should be mentioned in the [Return To Work Form](#). Please note that it should describe the restrictions, the anticipated duration, and include sufficient information to substantiate your needs and the health care provider's recommendations.

Additionally, if your health care provider suggests restrictions, you may also be required to complete the following forms and return them to the Office of Human Resources, to formally request an [accommodation due to medical reasons](#):

- [Request for Accommodation Form](#) (to be completed by you)
- [Medical Assessment Form](#) (to be completed by your Health Care Provider)
- [Leave of Absence Questionnaire Form](#) (To be completed by your Health Care Provider, if recommending returning to work on a reduced schedule leave or intermittent leave)

This documentation may also be returned to HR via the confidential fax line 908-737-3319 by your Health Care Provider.

For further details you may review the following [Reasonable Accommodations Policy and Procedures](#) if you have not already done so.

On the day of your return, please enter a [Request to Return From Leave](#) in Workday.