

**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/Address</i>	<i>Phone Number</i>
<i>Department's Mailing Address</i>		

**To Be Completed By the Health Care Provider**

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.			
<p>The restrictions are:</p> <p align="center"> <input type="checkbox"/> Permanent                      <input type="checkbox"/> Temporary until (specify date)         </p> <p><b>Comments:</b></p>          <p><b>Date employee is released to return to work:</b></p>			

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

**Completed forms should be faxed to: (813) 974-5227**  
**Or mailed to: USF Human Resources**  
**4202 E Fowler Avenue**  
**SVC 2172**  
**Tampa Florida, 33620**