



## Return to Work Form

Email to: [HRActions@greenville.k12.sc.us](mailto:HRActions@greenville.k12.sc.us)

Fax to: 864-355-9909

*This form is required for any return to work following an Approved Leave of Absence.*

It is required for the employee to provide a doctor's release to return to work, as well as completing this return to work form on the actual day the employee returns. **HOWEVER**, if the return to work is with physical or reduced schedule restrictions, the doctor's note stipulating the restrictions along with this completed return to work form, should be provided **two days** in advance to Human Resources for review.

Name: Last, First, Middle Initial (PLEASE PRINT)			
Employee ID Number	Last Day Worked	Actual Return to Work Date	Worker's Comp (Y/N)
<b>List any physical or reduced schedule restrictions communicated by the doctor in order to return to work:</b>			
School/Department	Current Job	Supervisor's Name	

By my signature below, I certify that the above facts are true and accurate. I understand that I must attach documentation from a health care provider supporting this request.

**I understand that if my health care provider releases me to return to work with restrictions, I must contact my Supervisor AND Human Resources PRIOR TO RETURNING TO WORK so that any restrictions can be reviewed based on the requirements of my job.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date Signed

### PART II: (SECTION FOR HUMAN RESOURCE REVIEW OF WORK RESTRICTIONS)

☐ Employee may return to work with restrictions.

Date Notified Employee: \_\_\_\_\_ Follow up Date: \_\_\_\_\_

☐ Employee **MAY NOT** return to work with restrictions. Description of what can't be accommodated: \_\_\_\_\_

Date Notified Employee: \_\_\_\_\_ Follow Up Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_