FMLA Notice of Intention for Return

Employee Name:	
Supervisor Name:	
Department:	
Date Leave Commenced:	Date of Planned Return to Work:

I understand that my restoration to employment is subject to the following conditions:

1. As a condition of restoration, each employee must provide a written certification from his/her health care provider that the employee is able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his/her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.
3. An employee returning from family and medical leave shall not be entitled to the accrual of any seniority or employment benefits during the period of leave.

Employee Signature:	Date:

Health Care Provider:

Note: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by and individual or family member receiving assistive reproductive services.

I have examined the above employee and can certify that he/she is fully able to resume working, beginning on: _____ (date) with:

☐ No Restrictions ☐ The Following Restrictions:

Health Care Provider Name:		
Medical Practice Name:		
Address:		
City:	State:	Zip:
Health Care Provide Signature:	Date:	