GLENVILLE STATE COLLEGE RETURN TO WORK VERIFICATION

Employees who are absent from work for more than five consecutive days must submit this Return to Work Verification form to the Human Resources Officer prior to returning to work. The Human Resources Office will notify the employee if his/her position can be modified to meet these restrictions. If illness/injury was verified by more than one treatment provider A RETURN TO WORK FORM MUST BE SUBMITTED FOR EACH TREATMENT PROVIDER prior to returning to work.

____ is released to return to work on__________ with the following **restrictions**:
Patient's Name

Hours per day: 0 Normal Schedule 0 Limited Please Specify______________________

Days per week: 0 Normal Schedule 0 Limited Please Specify______________________

Restrictions during a work shift

Bending/Stooping	0 0 hours	01-3 hours	03-5 hours	05-8+ hours	0No restriction
Pulling/Pushing	0 0 hours	01-3 hours	03-5 hours	05-8+ hours	0No restriction
Overhead Reaching	0 0 hours	01-3 hours	03-5 hours	05-8+ hours	0No restriction
Sitting	0 0 hours	01-3 hours	03-5 hours	05-8+ hours	0No restriction
Standing	0 0 hours	01-3 hours	03-5 hours	05-8+ hours	0No restriction

If other limitations please specify:

These restrictions are to be in effect starting ___________________ through and including, _______________ _

These limitations are:

O Permanent O Temporary

May resume regular duties on ____________________ **OR** Will be re-evaluated on__________________________.

I hereby certify that the above information is true and correct and that it is my responsibility to give objective medical information. Glenville State College will take the suggestions that medical providers make into consideration, but it is the employer's decision as to whether the accommodation can be met in a reasonable fashion.

Print Treatment Provider's
Name/Certification (D.O. M.D., etc.): ____

Address: ____
City/State/Zip: ____

Phone Number: ___________________________Fax Number:____________________

____
Treatment Provider's Signature Date

Please MAIL or FAX completed FORM to:
Krystal Smith - Title IX/Affirmative Action/EEOC Coordinator - Glenville State College * 200 High St. *
Glenville, WV 26351 Telephone: (304) 462-6193 * Facsimile (304) 462-7610