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 wi	th the following restrictions	
tient's Name						
ours per day:	per day: Normal Schedule		□Liı	mited Please Specif	`y	
ys per week:	week:		☐Limited Please Specify			
	R	estrictions duri	ing a work shift			
Bending/Stooping	□ 0 hours	□1-3 hours	□3-5 hours	□5-8+ hours	□No restriction	
Pulling/Pushing	□0 hours	□1-3 hours	\square 3-5 hours	□5-8+ hours	☐No restriction	
Overhead Reaching	g 🗆 0 hours	□1-3 hours	☐ 3-5 hours	□5-8+ hours	☐No restriction	
Sitting	□ 0 hours	☐ 1-3 hours	□3-5 hours	\Box 5-8+ hours	□No restriction	
Standing	□ 0 hours	□1-3 hours	☐ 3-5 hours	□5-8+ hours	☐No restriction	
These restrictions are	to be in effect starting	ıg.	through	and including		
These limitations are:				and more and	_	
May resume regular d	☐ Permaluties on		☐ Temporary **Will be re-evaluation** **Property of the property of the pro	ated on		
	State College will t	take the suggest	ions that medical	providers make in	lity to give objective medication to consideration, but it is the	
Print Treatment Prov	rider's Name/Certi	fication (D.O.	M.D., etc.):			
Address:						
City/State/Zip:						
Phone Number:	s Signature & Date					