

GLENVILLE STATE UNIVERSITY 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: ☐ Normal Schedule ☐ Limited Please Specify _____

Days per week: ☐ Normal Schedule ☐ Limited Please Specify _____

Restrictions during 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 ☐ 3-5 hours ☐ 5-8+ hours ☐ No restriction

Overhead Reaching ☐ 0 hours ☐ 1-3 hours ☐ 3-5 hours ☐ 5-8+ hours ☐ No restriction

Sitting ☐ 0 hours ☐ 1-3 hours ☐ 3-5 hours ☐ 5-8+ hours ☐ No restriction

Standing ☐ 0 hours ☐ 1-3 hours ☐ 3-5 hours ☐ 5-8+ hours ☐ No restriction

If other limitations please specify:

These restrictions are to be in effect starting _____ through and including _____
These limitations are:

☐ Permanent ☐ 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: _____

Treatment Provider's Signature & Date: _____

Please turn in, email, or fax to:
Tegan McEntire, Director of Human Resources
Administration Building – Third Floor
Fax: 304-462-6198
Tegan.McEntire@glenville.edu