



Return to Work Certification Form

Human Resources Benefits Office

Phone (520) 545-2136 / Fax (520) 545-2128

You will be required to present a release from a qualified health care provider authorizing you to return to work because your leave is due to your serious health condition. If such release is not received, your return to work may be delayed until the certification is provided.

To be completed by Employee:

Name: _____ Employee ID #: _____

Address: _____

Phone number: _____ Site: _____

To be completed by Health Care Provider:

Date employee is released to return to work: _____

Is the employee able to perform all functions of his/her job? Yes No

If **No**, list any restrictions and any job modifications the District may need to consider:

Additional Comments:

Name of Health Care Provider _____ Specialty _____

Mailing address _____ Phone Number _____

Signature _____ Date _____

Mail to: Human Resources Benefits Dept.
2238 East Ginter Road
Tucson, AZ 85706

Fax to: (520) 545-2128
Attn: Benefits Dept.