

Return to Work Form

Date:

Employee Name: _____ Employee ID: _____
Department: _____ Manager Name: _____
Address: _____

Phone Number: _____ Email: _____
Date Returned to Work: _____

State the Reason of Absences:

Absent Reported To: _____ On Date: _____
Via Phone Call/Text/Email: _____

Return to work discussion:

Managers Name: _____

Was Correct Absence Reporting Procedure Followed?

Has the necessary medical certification been presented?

Summary of Description:

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Comments:

Employee Signature

Manager Signature