

# Return to Work Release

## Overview

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- This form must be provided to TCE Leave Management prior to your return to work.
- Email completed forms to [leaves@uta.edu](mailto:leaves@uta.edu) or fax to 817-272-0908.

## Employee Information

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▶ *This section must be completed by the employee.*

Employee Name \_\_\_\_\_ Email \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Email \_\_\_\_\_

## Healthcare Provider Information

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▶ *This section must be completed by the healthcare provider.*

Is the employee able to resume working?    Yes    No    Yes, with restrictions.

The employee is released to return to work effective \_\_\_\_\_ (date).

List any restrictions or functional limitations which the department should consider.

Are the restrictions...?    Permanent    Temporary, until \_\_\_\_\_ (date).

Comments

Healthcare Provider Name \_\_\_\_\_

Healthcare Provider Specialty \_\_\_\_\_

Healthcare Provider Address \_\_\_\_\_

Healthcare Provider Phone \_\_\_\_\_ Fax \_\_\_\_\_

Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_