



BOWLING GREEN STATE UNIVERSITY

Office of Human Resources

HEALTH CARE PROVIDER CERTIFICATION TO RETURN TO WORK

EMPLOYEE INFORMATION (to be completed by the employee)

PLEASE PRINT

Last Name First Name Middle Initial BGSU ID#

Street Address City State ZIP

I have been away from my job on a University leave as denoted below.

Family & Medical Leave (FML) Extended Medical Leave of Absence Worker's Compensation

This form must be fully completed and returned to the Office of Human Resources at least two (2) days prior to your return to work. Return form to:

Office of Human Resources, #100 College Park
Bowling Green State University
Bowling Green, OH 43403-0370
ATTN: BENEFITS / LEAVE
419-372-8422 (Telephone) / 419- 372-2920 (Fax)

Health care provider: Complete the following for the employee to return to work:

The employee is released to return to work on (date)
The employee is released to work on date with the following restriction(s)\*:
Restriction(s):

How long will the employee likely be under these restriction(s)?

Health Care Provider's Signature Date of Signature
Printed Name of Health Care Provider Office Phone
Street Address City State ZIP

\* Disclaimer - Some Positions with restrictions may not be able to be accommodated.