BGSU OFFICE OF Human Resources
BOWLING GREEN STATE UNIVERSITY

Office of Human Resources
1851 N Research Drive, Room 106
Bowling Green, Ohio 43403

Telephone 419.372.2112
Fax 419.372.2920
Email Address ohr@bgsu.edu

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 code**_____

I have been away from my job on a University leave as denoted below **(Check All that Apply)**.

☐ **Family & Medical Leave (FML)** ☐ **Extended Medical Leave of Absence** ☐ **Workers' 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
1851 N Research Drive, Room 106
Bowling Green, Ohio 43403
ATTN: OHR/FMLA
419-372-2112 (Business Telephone) / 419-372-2920 (Fax)

HEALTH CARE PROVIDER INFORMATION (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 restrictions?

_____

_____
Health Care Provider's Signature **Date of Signature**

_____
Printed Name of Health Care Provider **Business Telephone**

_____
Street Address **City** **State** **ZIP Code**

*** Disclaimer – Some positions with restrictions may not be able to be accommodated.**

Clear Print