



Return to Work Release Form

This form must be provided to the Office of Human Resources-Leave Administration Unit (HRLeaveAdmin@utep.edu) prior to your return to work.

Section One: To be completed by the employee.

Employee Information:

Employee Name (Last, First)

EMPLID (600#) or last 4 digits of SSN

Department

Job Title

Section Two: To be completed by the health care provider.

Health Care Provider:

Is the employee able to resume working? No Yes, without restrictions Yes, with restrictions

Return to Work Effective Date: _____

Please list any restrictions or functional limitations which the employer should consider:

The restrictions will be: Permanent

Temporary, until (date): _____

Temporary until re-evaluated on (date): _____ (New Return to Work form will be required)

Name of Health Care Provider: _____

Specialty: _____

Business Address: _____

Telephone Number: _____ Fax: _____

Signature of Health Care Provider: _____ Date: _____

This form helps gather return to work information when an employee has been released to return to work from a medical leave of absence. This form is submitted by the employee to the Office of Human Resources-Leave Administration via email: HRLeaveAdmin@utep.edu. For information about workplace accommodations, contact the University's Equal Opportunity Office at (915) 747-5662 or email eoaa@utep.edu.