



**REQUEST TO RETURN FROM MEDICAL LEAVE OF ABSENCE**

Employee's Name:	Employee ID #:
Department:	Position:
Supervisor's Name:	Home Phone #:

This acknowledges that I am prepared to return to work from my Leave of Absence (LOA) on \_\_\_\_\_.

Because my LOA was due to my illness, I understand that I must provide a medical clearance signed by my medical provider indicating my fitness for duty, my restrictions (if any) and my release date.

Employee's Signature:	Date:
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This form must be completed and submitted, **prior to returning to work**. Send to Employee Health Services. Return by secure fax or mail to:

*University of Alabama at Birmingham  
Employee Health Services  
SW S123  
619 19<sup>th</sup> Street South  
Birmingham, AL 35294-6508*

**Secure Fax: (205)975-6900**

**Health Care Provider's Statement:**

This is to certify that \_\_\_\_\_ may return to work on \_\_\_\_\_.  
(Name of Patient) (Date of return work)

Restrictions or limitations? NONE Yes (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Health Care Provider

\_\_\_\_\_  
Date