THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

# Request to Return from Medical Leave of Absence

| **Section I: Employee -** 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 Full Legal Name:** | | **Department** | |
| **Employee Job Title** | | | |
| **Supervisor/Manager:** | | | |
| **Supervisor/Manager Contact Info:** | | | |
| **Employee Signature:** | | **Date:** | |

**Section II: For Completion by Health Care Provider**

This form must be completed and submitted, **prior to returning to work**. Return by secure fax or email to:

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

**medleavedocs@uabmc.edu**

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**