UNIVERSITY of WASHINGTON
OFFICE OF ACADEMIC PERSONNEL
Academic Human Resources

To employee - complete the following information :	
Employee name:	
Employee EID:	
Department:	
Employee phone:	Employee email:

Fitness for Duty Certification

To employee: Complete Part 1 and arrange for your health care provider to complete and return Part 2. **The completed form must be received by Academic Human Resources seven (7) calendar days prior to your return to work. Completed forms should be submitted directly to Academic HR and not your college, school, or department.**

To Health Care Provider: An employee on a medical leave under the Family and Medical Leave Act (FMLA) and/or Faculty Sick Leave Policy must present this Fitness for Duty Certification prior to returning to work. Complete Part 2 to certify the employee's ability or inability to return to work and submit it to the Academic Human Resources office (contact information is listed below).

PART 1 – to be completed by employee (please print)

I am requesting to return to work on (date) _____

I hereby authorize the Health Care Provider named below to release information related to my return to work:

Employee signature _____ Date _____

PART 2 – Medical Facts: to be completed by Health Care Provider

Date of Most Recent Medical Examination: _____

Please check the status of the employee's release for duty:

☐ **Full, unrestricted duty** without work restrictions, effective (date)_____

☐ **Modified duty,** effective (date) _____ ; next evaluation date _____

Please describe any and all work restrictions, in detail:

Are these restrictions ☐ Permanent ☐ Temporary until (date)_____

☐ Not released for any type of duty due to physical or mental limitations; next evaluation date will be _____

Health Care Provider Information

I hereby certify that the information provided in Part 2 is true and correct.

Name (please print) _____ Specialty _____

Business Address _____ Phone _____

Health Care Provider Signature_____ Date _____

This document may be submitted confidentially to:	AHR USE ONLY
University of Washington Academic Human Resources Box 351270 Seattle, WA 98195-1270 Email: apleaves@uw.edu Fax (206) 221.4622	Reviewed by (initials) _____ Date:_____