

# Notice to Return from Family and Medical Leave



Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date Leave Commenced: \_\_\_\_\_

Date of Planned Return: \_\_\_\_\_

I understand that my return to employment is subject to the following conditions:

1. Each employee must provide a written certification from his or her health provider that the employee is able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his or her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.
3. An employee returning from family and medical leave shall not be entitled to the accrual of any seniority or employment benefits during the period of leave.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date



I have examined \_\_\_\_\_ and can verify that he/she is fully able to resume work.

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date