FITNESS FOR DUTY CERTIFICATION

College: Hostos Community College

An employee on Non-FMLA Medical Leave of Absence because of his/her own serious medical condition must present this certification to the Human Resources Department prior to or on the day he/she returns to work.

Supervisors are advised to forward any forms submitted directly to them to the Human Resources Department.

An employee may not work without this certification. If you are on unpaid leave, Human Resources will place you back on the payroll ONLY upon receipt of this form.

Employee Information:

Name _____ Empl. ID _____

Contract Title _____ Department _____

Contact information while on leave Home Phone _____ Cell Phone _____ Email _____

To: Health Care Provider

The employee noted above began a period of medical care leave for his /her own serious health condition on Date _____

As a condition to return to work, the employee must have a health care provider certify that the employee is medically fit to resume his/her job duties.

Date employee may return to work _____

☐ Employee may return to work with full, unrestricted duty

☐ Employee may return to work with modified duty Explain _____

If the employee is being released to modified duty, please complete the following:

Estimated date when employee will be able to return to full, unrestricted duty _____

Date of next medical evaluation of the employee _____

HEALTH CARE PROVIDER'S CERTIFICATION

I certify that the above facts are true and correct.

Signature _____ Date _____

Print Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Type of Practice _____ License Number _____

RECEIVED BY (This form must be signed by the Director of Human Resources or Designee)

Signature _____ Date _____