

University of California, Berkeley

Family Care and Medical Leave Return to Work Certification

Employee to complete upper portion

<i>Employee's Name</i>		
<i>Name of Department Contact</i>	<i>Department/Address</i>	<i>Phone Number</i>
<i>Department's Mailing Address</i>		

Please complete and mail attention Department Contact to the employee's department

Health Care Provider prior to the Return to Work Date.

Please review the attached job description. Is the employee able to perform all the functions of this job?	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO
If YES, please list any restrictions or describe accommodations which the department should consider.	

The restrictions are 3 permanent 4 temporary until (Specify date)

<i>Comments</i>
<i>Date employee is released to return to work</i>

<i>Name of Health Care Provider</i>	<i>Specialty</i>
<i>Address</i>	
<i>Signature</i>	<i>Date</i>

**Family Care and Medical Leave
Return to Work Certification**

Privacy Notification

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information.

- The principal purpose for requesting the information on this form is to process requests for leaves of absence. The federal **Family and Medical Leave Act of 1993** and the University policy authorize maintenance of this information.
- Furnishing all information requested on this form is voluntary. There is no penalty for not completing the form. Information furnished on this form may be used by various University departments for benefits, payroll and personnel administration, and will be transmitted to the federal and state governments as required by law.
- Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President staff and the Academic Personnel Office.
- The home department is responsible for maintaining the information contained on this form.