

# RETURN TO WORK AUTHORIZATION AND AGREEMENT

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

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

## Employee Health and Work Status Declaration:

I certify that I am able to safely return to work and perform the essential functions of my job without posing a risk to myself, my coworkers, or the company. I declare that I have recovered sufficiently from any illness or injury and do not have any symptoms or restrictions that would impair my work performance or safety. I agree to abide by all workplace safety policies and procedures, including the use of personal protective equipment where required.

## Work Restrictions and Accommodations:

Please specify any work restrictions or accommodations required:

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## Authorization and Acknowledgment:

I acknowledge that the information provided herein is accurate and truthful to the best of my knowledge. I authorize my healthcare provider and employer to share relevant information necessary to facilitate my safe return to work. I understand that any falsification or withholding of information may result in disciplinary action, up to and including termination.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Supervisor or HR Reviewer:

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Important Notices and Legal Compliance:

This Return to Work Authorization and Agreement complies with applicable federal and state laws, including the Americans with Disabilities Act (ADA) and the Occupational Safety and Health Act (OSHA). The employee's privacy and medical information will be handled confidentially and in accordance with HIPAA and other relevant privacy laws. This form serves as a legally binding document setting forth the terms of the employee's return to work.

**EMPLOYEE SIGNATURE**

**SUPERVISOR / HR SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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