



FMLA Return to Work Certification Form

Division of Human Resources

Phone (813)974-2970 / Fax (813)974-5227 / SVC 2172

Because your leave is due to your serious health condition, you will be required to present a release from a qualified health care provider authorizing you to return to work. If such release is not received, your return to work may be delayed until the certification is provided.

To be completed by Employee:

Name: _____ GEMS Employee ID #: _____

Address: _____

Phone Number: _____ Department: _____

To be completed by Health Care Provider:

Date employee is released to return to work: _____

Is the employee able to perform all the functions of his/her job? Yes No

If No, list any restrictions and any job modifications the department may need to consider:

The restrictions are: Permanent Temporary until (specify date): _____

Additional Comments:

Name of Health Care Provider Specialty

Mailing address Phone Number

Signature Date

Mail to: Division of Human Resources
University of South Florida; Attn: FMLA
4202 E Fowler Ave., SVC 2172
Tampa, FL 33620

Fax to: 813-974-5227
Attn: FMLA