



**West Valley-Mission Community College District
District Office of Human Resources**

RETURN TO WORK CERTIFICATION

Instructions: Any employee returning from a medical leave of absence must provide this or a comparable return to work release before actually returning to work. The release certification needs to be provided to Human Resources *on or before* the day you return to work. You will need to attach your job description to this form, all job descriptions can be found on our "wvm.edu" website (HR-Classification/Compensation).

EMPLOYEE INFORMATION		
Employee Name:	Banner ID#:	Campus Phone:
Current Mailing Address:		Home Phone:
Immediate Supervisor:	College/Department:	Supervisor Extension:

HEALTH CARE PROVIDER TO COMPLETE THE REMAINDER OF THIS FORM
<p>_____ is able to return to work and perform essential duties of his/her job: Name of Employee _____</p> <p><input type="checkbox"/> With NO restrictions effective: _____ <input type="checkbox"/> With restrictions effective: _____ Date Date</p> <p><i>Please review employee's job description and list any work restriction(s)/limitation(s) and describe accommodation(s) department should consider:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Restrictions needed through: _____ Date</p> <p>Estimated full duty return to work date: _____</p> <p>Next appointment date: _____</p>

HEALTH CARE PROVIDER INFORMATION		
Printed Name of Health Care Provider :	Specialty:	
Signature of Health Care Provider:	Address:	
State License Number:	Date:	Phone Number: Fax Number:

Return completed form to:
 Attn: HR Specialist, Quyen Lenshoek
 Via Fax: (408) 741-2564
 Via Email: lequyen.lenshoek@wvm.edu
 -or- **Mail to:**
West Valley Mission Community College District,
 Human Resources Department
 14000 Fruitvale Avenue, Saratoga, CA 95070