



Human Resources
FMLA Return to Work
Release

Form 3-24
06/08/2012

Box 19176 1225 W. Mitchell, Room 212 Arlington, TX 76019-0176 T.817-272-5554 F.817-272-6271 www.uta.edu/hr

EMPLOYEE: Please fill out the top portion and take this form to your health care provider. This release must be provided to your department prior to your return to work.

Employee:
Employee's Department:
Department Box Number:
Department Contact:
Telephone Number:

HEALTH CARE PROVIDER: Please complete the following for the employee prior to the return to work date.

Is the employee able to resume working? Yes No Yes, with restrictions

Employee is release to return to work effective (date):

Please list any restrictions or functional limitations which the department should consider:

Are the resitrcions: Permanent Temporary, until (date):

Comments:

Name of Health Care Provider:

Specialty:

Address of Health Care Provider:

Signature of Health Care Provider Date

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.