

## Return to Work Release Form

### Employee Information & Employee's Instructions

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial                                      Normal Work Week is                                      Shift Begin Time

\_\_\_\_\_  
Division, Department or Office                                      Hours per Day                                      Shift End Time

\_\_\_\_\_  
Title/Position                                      Days per Week                                      Recipient EMPL ID

**Before the employee may return to work, the form must be completed by the treating doctor and on file with UTSA Human Resources Leave Administration.**

**Based on the employee's current medical examination and the job description, please select the box that best describes the employee's status.**

The above employee has been released to return to work **NO RESTRICTIONS** as of: \_\_\_\_\_ (date) **OR**

Employee can return to work with the following restrictions below on \_\_\_\_\_ (date)

The restriction will be evaluated on \_\_\_\_\_ (date) (New Return to Work Release form will be required) **OR**

Restrictions below will end on \_\_\_\_\_ (date)

Max hours per day:	0	2	4	6	8	Other
Lift or carry max _____ pounds						
Bending/Stooping						
Walking						
Sitting						
Climbing						
Standing						
Reaching above shoulder level						
Driving equipment/vehicle						
Working with machinery						

### Restrictions:

Employee remains unable to work because of the following reason(s) \_\_\_\_\_

Until the following date: \_\_\_\_\_ (New Return to Work Release form will be required).

\_\_\_\_\_  
Signature                                      Date

\_\_\_\_\_  
Print Name                                      Phone                                      Fax

**General Information:** This form helps gather return to work information and minimize release of medical information to a supervisor when returning from a leave of absence or use of Sick Leave for an employee's own medical condition. **If an alternate release form is used, please do not include diagnosis or treatment information.** This form is submitted by the employee to People Excellence. For more information about workplace accommodations, email [ada.employees@utsa.edu](mailto:ada.employees@utsa.edu).

**GINA Notification to Health Care Providers:** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.