

## FITNESS-FOR-DUTY CERTIFICATION

EMPLOYEE: \_\_\_\_\_

DATE LEAVE COMMENCED: \_\_\_\_\_

DATE OF PLANNED RETURN: \_\_\_\_\_

I understand that my restoration of employment is subject to the following conditions:

1. As a condition of restoration, each employee must provide a signed fitness-for-duty certification from his or her health care provider that the employee is able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his or her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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I have examined the above employee and can certify that he/she is fully able to resume working.

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date