

FAX



FMLA – Return to Work Certification

To: **Point C – FMLA**

From:

Fax: **856-528-2123**

Date:

Monmouth County Employee

Pages: **MULTI** *(including cover)*

Patient:

DOB:

Any trouble or questions please call: 856-470-1161

In order for the above named patient to be cleared to return to work, their return to work certification must indicate that you have reviewed their job description and have cleared them for all activities. A copy of the patient's job description is attached (if available).

By checking below you are confirming that the above named patient is or is not released to full duty in accordance with their job description:

CHECK ONLY ONE:

TO RETURN TO WORK, Please check and enter return to work date below:

- The above named patient is released to full duty on _____.
- The above named patient is released to work with limitations on _____
(specify below)

If limitations apply, an end date is required: _____

- The above named patient holds a Commercial Driver's License (CDL).
- Must be able to meet the requirements to be firearms qualified and possess a firearm both on and off duty.

LEAVE EXTENSIONS, Please check, enter anticipated return date, and complete physician's section:

- Based on my review of the above named patients job description, he/she may not return to work at this time. It is anticipated that he/she may return on _____.

Physician's Name:
(please print)

Physician's Address:

Physician's Phone number:

Physician's Signature

Date

FRAUD WARNING

Filing a claim with materially false and/or misleading information is a crime and may be subject to criminal charges in addition to disciplinary action up to and including termination from employment with the County of Monmouth.

P.O. Box 25247 Overland Park, KS 66225

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email: FMLA@pointhealth.com