

PERSONNEL SERVICES DIVISION CERTIFICATED PERSONNEL

1400 E. Janss Road, Thousand Oaks, CA 91362-2198 Telephone: (805) 497-9511 · FAX (805) 449-2631

FAMILY MEDICAL LEAVE - RETURN TO WORK CERTIFICATION

EMPLOYEE INFORMATION EMPLOYEE NAME: POSITION: DEPARTMENT/SCHOOL: ADDRESS CONTACT INFORMATION: PHONE PLEASE COMPLETE SECTION BELOW TO CERTIFY A RETURN TO WORK DATE FOR EMPLOYEE Date Employee is Released to Return to Work: Is the individual in your care (i.e. employee) able to return to work? H		
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POSITION: DEPARTMENT/SCHOOL: ADDRESS CONTACT INFORMATION: PHONE PHO	MIDDLE INITIAL	
DEPARTMENT/SCHOOL: ADDRESS CONTACT INFORMATION: PHONE PHONE PHONE PHONE PHONE PHONE PHONE The individual in your care (i.e. employee) able to return to work? The individual in your care (i.e. employee) able to return to work? Phone PH		
PHONE PLEASE COMPLETE SECTION BELOW TO CERTIFY A RETURN TO WORK DATE FOR EMPLOYEE Date Employee is Released to Return to Work: Is the individual in your care (i.e. employee) able to return to work? Yes: No Restrictions Restriction Type:		
PLEASE COMPLETE SECTION BELOW TO CERTIFY A RETURN TO WORK DATE FOR EMPLOYEE Date Employee is Released to Return to Work: Is the individual in your care (i.e. employee) able to return to work? Yes: No Restrictions Yes: With Restrictions No Restriction Type:		
Date Employee is Released to Return to Work: Is the individual in your care (i.e. employee) able to return to work? ☐ Yes: No Restrictions ☐ Yes: With Restrictions ☐ No Restriction Type:		
Is the individual in your care (i.e. employee) able to return to work? Yes: No Restrictions	PRIOR TO RETURN DATE.	
H □ Yes: No Restrictions □ No E Restriction Type:		
Restriction Type:		
Λ		
A ☐ Permanent ☐ Temporary-specify approximate date:		
Please List Any Restrictions or Describe Accommodations Which the Department Shou	ld Consider:	
H		
C		
A		
R		
E		
Name of Health Care Provider:		
P Specialty: Street	_	
R		
	Zip Code	
V		
I certify the information provided above is accurate to the best of my knowledge.		
E CONTRACTOR OF THE CONTRACTOR		
R Signature of Health Care Provider Date		
RETURN COMPLETED FORM TO: CVUSD - CERTIFICATED PERSONNEL DEF 1400 E. JANSS ROAD THOUSAND OAKS, CA 91362-2198 FAX: 805-449-2631	ARTMENT	