

RETURN TO WORK

(to be used by Graduate Assistants who will be returning from a personal illness/injury or maternity leave of absence)

GRADUATE ASSISTANT INFORMATION				
Graduate Assistant Name:		Employee No.:		
Mailing Address:				
City:		State:		Zip Code:
TO BE COMPLETED BY PHYSICIAN				
I have examined _____ and can certify that she/he is fully able to resume working on _____.				
			<i>(Date)</i>	
<i>(Graduate Assistant Name)</i>				
Name of Physician or Practitioner:				
License Number:		Phone:		
Address:				
City:		State:		Zip Code:
Signed <i>(Physician or Practitioner)</i> :			Date:	

Please return completed form to: University of Connecticut, Attention: Suzanne Rogoz - Human Resources, 9 Walters Avenue, Storrs, CT 06269-5075 or via Fax (860) 486-0406. If you have questions completing the form, contact Suzanne Rogoz at (860) 486-0398.