

LEAVE OF ABSENCE – MEDICAL RELEASE

Employee: You must provide a medical release if you were on a full or reduced work schedule leave for your own condition <u>before</u> you may return to work. If you gave birth, a medical release is required only if you plan to return to work in less than the standard 6 (or 8) weeks. A medical release is never required for intermittent leaves or any leave to care for a family member.

Instructions: Please enter your name, employee ID number, and the date you intend to return to work. Once the health care provider has completed the release, submit this form to HR Leave Administration as soon as possible so you may be approved to return to work. If you have any questions, contact your Leave Specialist at 407-823-2771.

Employee:	UCF ID#:		
Print Name			UCF ID # (not NID)
Intend to return to work on:			
	Date		
Heath Care Provider Instructions: Please complete all fields and checkboxes below. If the employee has any restrictions, please provide specific details and duration of those restrictions.			
□ The employee may return to work w	ith no restriction	s on	(date).
□ The employee may return to work o	n	(date) through	(date).
with the following restrictions:			
Additional comments:			
Print Name of Health Care Provider		ignature of Health Care	Provider
Date Signed	Type of Practice	License	Number
Print Health Care Provider Add	lress	Telephor	e Number

Forms may be submitted confidentially via fax (407-882-9023) or email (LOAandWorkComp@ucf.edu). Forms should not be submitted to the employee's department.