



DIOCESE OF ALLENTOWN
OFFICE OF HUMAN RESOURCES
610-871-5200 ext. 2273 | FAX: 610- 439-7693

ATTENDING PHYSICIAN'S APPROVAL TO RETURN TO WORK

Employee Name: _____

Please provide the following information:

This employee has my approval to return to work with **no restrictions**.

Expected Return to Work date: _____

This employee has my approval to return to work **with the following restrictions, subject to accommodations:**

Return to Work date with Restrictions: _____

This employee is **not yet medically able to return to work**.

Date of next appointment: _____

Physician's Name (Print): _____

Physician's Signature: _____

Telephone: _____

Date: _____

This form may be faxed confidentially to our Human Resources Office at 610- 439- 7693. If you have any further questions, please contact Human Resources at 610- 871- 5200, extension 2273.