



**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:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

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.*