

# City of Newport Beach

## (CONFIDENTIAL) FOR RECORDKEEPING ONLY

### FAMILY AND MEDICAL LEAVE RETURN TO WORK CERTIFICATION

Under Department of Labor regulations for the Family and Medical Leave Act and the State of California Family Rights Act, "health care provider" is defined as: a doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife who is authorized to practice by the State and performing within the scope of their practice as defined by State law, or a Christian Science practitioner.

Employee Name: \_\_\_\_\_

**The following information is to be completed by your health care provider. Return this form to your supervisor prior to your return to work date.**

Employee is released to work effective (date): \_\_\_\_\_

Is employee able to perform the functions of his/her job? (see attached job description)

yes       yes, with restrictions/accommodations       no

Questions regarding the employee's job duties may be addressed to the employee's supervisor.

Employee's Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any functional limitations:

Are the limitations:       permanent       temporary, until (date): \_\_\_\_\_

Comments:

### Health Care Provider Information

Health Care Provider Signature

Date

Type of Health Care Provider (see definition):

Address

Phone