Return-to-Work Assessment Form

Employee Name	
Employee ID	
Employee ID	_
	_
Department	
Position	
Conton	_
	_
Absence Start Date	1
Absence End Date	
Absolice Line Bate	
Reason for Absence	
Medical Clearance Provided	
	-
Work Postrictions (if any)	
Work Restrictions (if any)	_
Supervisor Comments	_
Assessment Date	1
Assessor Name	