## Return to Work Authorization for School Staff

Position/Title	
School/Location	
Employee ID	
Date of Initial Absence	
Date Cleared to Return	
Reason for Absence	
Medical Provider's Clearance	
Medical Provider's Clearance  Restrictions or Accommodations (if any)	
Restrictions or Accommodations (if any)  Medical Provider Name & Signature	
Restrictions or Accommodations (if any)	