

Stress Leave Return to Work Evaluation

Employee Information

Name

Employee ID

Department

Stress Leave Details

Leave Start Date

Leave End Date

General Reason for Leave

Return to Work Evaluation

Summary of Employee's Current Health and Well-being

Any Ongoing Concerns or Limitations

Recommended Work Accommodations

Work Schedule

Proposed Return Work Schedule

Evaluator

Evaluator Name

Title/Role

Date of Evaluation

Additional Notes or Comments