

**Central Washington University
Family and Medical Leave (FMLA)
Request for Update/Return to Work**

Employee – Please complete Section 1 below

Section 1

Employee's Name: _____	Department: _____
CWU ID#: _____	Supervisor: _____
Work Phone: _____	Supervisor Phone: _____
Home Phone: _____	Mailing Address: _____
Home Email Address: _____	_____

Employer Contact: CWU Human Resources, (509) 963-1202/Fax (509) 963-1733

Health Care Provider – Please complete Section 2 below

Section 2

The employee listed above was approved for leave under the Family and Medical Leave Act (FMLA) or for a medical leave of absence if not eligible for FMLA-designated leave. Please indicate the employee's current status in regards to their availability to return to work with or without restrictions below.

- A. Date employee is released to return to work with **no** restrictions: _____
- B. The employee is not released to return to work.
If not released to return to work at this time, what is the anticipated release date or duration of absence?
- C. Date employee is released to return to work **with** restrictions: _____

If released to work with restrictions, please indicate the nature and duration of the restrictions below (attach additional pages if needed):
Restrictions/Limitations:

Anticipated duration of restrictions/limitations:

For purposes of determining whether or not the employee is eligible to receive shared leave, is this employee's injury or illness resolved?

Yes, the employee's injury or illness is resolved.

No, the employee's injury or illness is not resolved. If not, please provide anticipated date of resolution.

Printed Name of Health Care Provider

Type of Practice

Phone Number

Fax Number

Email

Address

Signature of Health Care Provider

Date

"The Genetic Information Nondiscrimination Act of 2008 ("GINA") prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."