

**Family and Medical Leave (FMLA)
Solicitud de Ausencia Familiar y Médica (FMLA)
Request for Update/Return to Work
Solicitud de Actualización/Reincorporación al Trabajo**



**EMPLOYEE – COMPLETE SECTION 1 BELOW
EMPLEADO – POR FAVOR COMPLETE LA SECCIÓN 1 A CONTINUACIÓN**

Employee's Name / Nombre del empleado: _____ Home Phone / Teléfono: _____
CWU ID#: _____ Department / Departamento: _____ Home Email / Correo electrónico personal: _____
Work Phone / Teléfono del trabajo: _____ Mailing Address / Dirección: _____
Work Email / Correo electrónico del trabajo: _____
Supervisor: _____ Supervisor Phone / Teléfono del supervisor: _____

**Employer Contact: CWU Human Resources, (509) 963-1201/Fax (509) 963-1733
Contacto del Empleador: Recursos Humanos de CWU, (509) 963-1201/Fax (509) 963-1733**

HEALTH CARE PROVIDER – PLEASE COMPLETE SECTION 2 BELOW

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 with **NO** restrictions: _____
- B. The employee is **NOT** released to return to work.
If not released to return to work at this time, what it is the anticipated release date or duration of absence? _____
- C. Date employee is release to return to work **WITH** restrictions: _____ Restrictions/Limitations: _____
If released to work with restrictions, please indicate the nature and duration of the restrictions below (attach additional pages if needed):
Anticipated duration of restrictions/limitations: _____

Health Care Provider (Please Print) _____ Type of Practice: _____
Phone Number: _____ Fax Number: _____ Email: _____
Mailing 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." CS4122