



County of Granville
 Office of Human Resources
 PO Box 906, Oxford, NC 27565
 Phone: (919) 603-1338 Fax: (919) 690-1766

Fitness for Duty Return to Work Certification

Employee Name: _____

Date Leave Began: _____ Expected Date of Return: _____

You are required to provide a fitness for duty certification prior to returning to work after an approved FMLA leave of absence due to medical reasons (i.e. serious illness, worker's compensation, short term disability, etc.). Please have the health care provider who is knowledgeable regarding your reason for using FMLA leave and/or Worker's Compensation Leave complete this form and return the completed form to Human Resources at least two business days prior to your return to work.

TO BE COMPLETED ONLY BY THE HEALTH CARE PROVIDER

1. I have reviewed a job description or other written description of the above named employee's job duties. Yes No

2. Is the employee now able to perform those essential functions of his or her job that they could not previously perform because of the serious health condition for which the employee has been on leave?
 Yes No Yes, With Restrictions (complete section 4)

3. Date employee is able to return to work: _____

4. If the Employee is released to work but is restricted in his or her ability to perform the essential functions of his or her job as a result of the serious health condition for which the employee has been on leave, please describe those restrictions:

5. Permanent Restrictions Temporary Restrictions, until: _____

 Signature of Health Care Provider

 Date

(_____) _____
 Phone Number

**Please return completed form to: Granville County Human Resource Department
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 Oxford, NC 27565
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