

**Employee Return to  
Work Information**

***To be completed weekly or until employee returns to work full duty***

Supervisor: \_\_\_\_\_ Dept. \_\_\_\_\_

Employee: \_\_\_\_\_ Report Date: \_\_\_\_\_

**This person is / has (check all that apply):**

Has not returned to work; needs monitoring. **Total Lost Time** \_\_\_\_\_

Performing their full duties with no restrictions. Date: \_\_\_\_\_

Performing their duties with restrictions. Date: \_\_\_\_\_

Has returned in a transitional work effort. Date: \_\_\_\_\_

Is working a partial day for \_\_\_\_\_ hours per day from \_\_\_\_\_ am/pm to  
\_\_\_\_\_ am/pm.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please Fax to Dave Hodgson 330-287-5458\*\*\***