

Employee Instructions

Provide this form to your medical provider for completion and return it to UO Human Resources via email at hrleaves@uoregon.edu or fax (541) 346-2548, *at least 5 days prior to return-to-work date*.

Modifications or Restrictions

If your healthcare provider medically releases you to modified work with restrictions you must complete the online [Accommodation Request Form](#). If you have any questions or need assistance with the accommodation forms or process, please contact workplaceada@uoregon.edu.

*****FOR PROVIDER USE ONLY*****

Employee Name: _____

Date of Next Appointment: _____

Current Work Status (check one only):

☐ Employee released to regular work without restrictions.

○ Release Date: _____

☐ Employee not released to regular work.

○ Status From (date): _____ to: _____

☐ Employee released to modified work.

○ Status From (date): _____ to: _____

Please describe the modification(s) necessary for return-to-work below:

Print Medical Provider's Name: _____

Medical Provider's Signature: _____

Date: _____

Medical Provider's Telephone Number: _____

Medical Provider's Address: _____