

**LAFAYETTE COLLEGE**  
**FMLA RETURN TO WORK RECORD**

Please submit to the Office of Human Resources when the employee returns to work.

EMPLOYEE'S NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

DATE RETURN TO WORK \_\_\_\_\_

RESTRICTIONS? \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST RESTRICTIONS:

JOB RELATED INJURY? \_\_\_\_\_ YES \_\_\_\_\_ NO