SUNNYSIDE Unified School District

Human Resources Benefits Department
2238 East Ginter Road • Tucson, Arizona 85706
Phone: (520) 545-2136 Fax: (520) 545-2128
Email: HR-Benefits@susd12.org

Return to work Certification Form

You will be required to present a release from a qualified health care provider authorizing you to return to work because your leave is due to your serious health condition. If such release is not received, your return to work may be delayed until the certification is provided.

To be completed by Employee:

Name: _____ Employee ID: _____

Address: _____

Phone Number: _____ Site: _____

To be completed by Health Care Provider:

Date employee is released to return to work: _____

Is the employee able to perform all function of his/her Job? ☐ Yes ☐ No

If No, list any restrictions and any job modifications the district may need to consider:

_____

_____

Additional Comments:

_____

_____

_____ _____
Name of Health Care Provider Specialty

_____ _____
Mailing Address Phone Number

_____ _____
Health Care Provider Signature Date

Mail to: Human Resources Benefits Dept.
2238 East Ginter Road
Tucson, AZ 85706

Fax to: (520) 545-2128
Attn: Benefits Dept.