IUPUI

Return to Work Form for Academic Appointees*

HUMAN RESOURCES

Important Information – Please read before completing this form.
This form must be completed before returning to work after your leave. No other leave can be granted until you have returned to work full time on campus for at least four weeks. Use the Essential Job Functions for Academic Appointees (or Librarians) Worksheet that was used for your major medical leave form for this return-towork process.

Please type or print all information legibly.

Section 1 – To be completed by the Faculty Member	
Employee Name:	10-Digit University ID:
Email Address:	Phone:
If leave was a continuous block of time and health provider has released me to return to work, I intend to return to work as scheduled: ☐ Yes ☐ No If no, I am stating I do not intend to return to work and I am resigning my employment with Indiana University.	
I ☐ AUTHORIZE ☐ DO NOT AUTHORIZE (check one) the health care provider identified below to provide the information requested on this form for the purposes of determining my fitness for duty and for a designated IU health care provider to contact the health care provider to authenticate and/or clarify the information if needed. I understand that if I do not agree to this authorization, my return to work may be delayed or denied.	
Employee Signature:	Date:

Section 2 – To be completed by HEALTH CARE PROVIDER ONLY			
Instructions to the Health Care Provider: Please review the employee's work schedule and essential functions and answer the following.			
Is the employee able to perform the essential functions of the position that are attached? ☐ Yes ☐ No			
If **yes**, the employee is fully released to return to work on:			
If **no**, the employee is released with restrictions to return to work on:			
Please list the essential functions the employee is UNABLE to perform ☐ until ☐ or permanently			
Additional Comments:			
GINA Notification to Health Care Providers: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.			
Printed Name of Health Care Provider:			
Signature of Health Care Provider:			Date:
Type of Practice/Medical Specialty:			
Provider Contact Information:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

*Form adapted for IUI Academic Affairs.

8/2023