

CITY OF CHICO
RETURN TO WORK AUTHORIZATION

| EMPLOYEE'S NAME | Effective Date |
|-----------------|----------------|
| | |

1. The above referenced employee is eligible to return to work (please check one):

____ WITHOUT Restriction

____ WITH Restrictions

2. If work RESTRICTIONS (physical/mental) exist, please specify the employee's Work Restrictions:

3. Is the employee taking any medication which restricts their ability to perform the essential functions of their job? ____ Yes ____ No

4. SPECIFIC DATE of next doctor's appointment: _____

Health Care Provider – Signature: _____

Health Care Provider – Printed Name: _____

By signing above, I acknowledge that I have reviewed the employee's job description, and attest that the employee can meet the essential functions of their position.

For questions regarding this form, please contact the City of Chico Human Resources & Risk Management Office at (530) 879-7900.

City of Chico – Human Resources & Risk Management Office
PO Box 3420, Chico, CA 95927
Phone: (530) 879-7900 | Fax: (530) 895-4733 | hr@chicoca.gov