

SUPERVISOR
REPORT OF RETURN TO WORK

To: Treasurer

From: _____
(supervisor name)

(department or area)

The following employee has returned to work: _____.
(employee name)

This person returned to work on _____.
(date)

This person is (check all that apply):

- Performing their full duties with no restrictions.
- Performing their full duties with restrictions.
- Has returned in a Transitional Work effort.
- Working a full eight-hour day.
- Working a partial day for _____ hours per day during the time period from _____ am/pm to _____ am/pm.

Injured Worker Signature

Date