



Family Medical Leave Act (FMLA)

FORM #3–Intent to Return & Fitness for Duty/Medical Release

IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM

Please type or print all information legibly. A copy of the Essential & Marginal Job Functions Worksheet and regular work schedule/hours must be attached. Further information on FMLA Policy & Procedures, including the terms and conditions of FMLA can be found at hr.iu.edu/relations/fmla_index.html.

SECTION 1 To be Completed by EMPLOYEE

Employee Name:	10-Digit University ID:
E-Mail Address:	Phone:
If leave was continuous block of time & health provider has released me to return to work, I intend to return to work as scheduled: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, I am stating I do not intend to return to work and I am resigning my employment with Indiana University.	
I <input type="checkbox"/> AUTHORIZE <input type="checkbox"/> 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 human resources professional 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 release 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.

PrintedNameofHealthCareProvider: _____

Signature of Health Care Provider: _____ Date: _____

Type of Practice/Medical Specialty: _____

Provider Contact Information:

Address:	City	State:	Zip:
Phone:	Fax:	E-Mail:	