



**GEORGIA DEPARTMENT OF HUMAN SERVICES  
Human Resources Policy #1005 A6**

**RETURN TO WORK RELEASE**

This form is to be used by employees to furnish proof of their ability to return to work as directed by their licensed healthcare provider.

\_\_\_\_\_ is released to return to work on \_\_\_\_\_  
Employee Name Date

Without Work-Related Restrictions

OR

With the following Work-Related Restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of Restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Healthcare Provider Printed Name:**

\_\_\_\_\_

**Healthcare Provider Signature:**

\_\_\_\_\_

**Type of Practice:**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_