FIT Fashion Institute of Technology
State University of New York

RETURN-TO-WORK CERTIFICATION

EMPLOYEE NAME: _____

Please be advised that the above-referenced employee has been under my care and is able to return to work from his/her leave and perform the essential functions of his/her position on _____(date):

- ☐ without any restrictions
- ☐ with the following restrictions:

_____

_____

_____

_____

_____ _____
Signature of Health Care Provider | Name of Health Care Provider (please print)

_____ _____/_____
Type of Practice | Telephone Number and Fax Number

_____ _____
Address, City, State and Zip Code | Date

PLEASE RETURN FULLY COMPLETED FORM TO:

Johanny Tavares
Office of Human Resources
Fashion Institute of Technology
236 W. 27th Street, 11th Floor
New York, NY 10001-5992

or Confidential Fax: (212) 217-3651

Rev. 5/09