



**Return to Work After Approved ADA Accommodation**

Employee Name: \_\_\_\_\_

This confirms that you will return to work, in person, at the Fashion Institute of Technology (FIT) on \_\_\_\_\_ (*day, date*) following the grant of a reasonable accommodation for a disability under FIT's [Reasonable Workplace Accommodations](#) policy and the Americans with Disabilities Act (ADA).

You will be returning to your position as \_\_\_\_\_ (*job title*), and you should report to your supervisor, \_\_\_\_\_ (*name*), at \_\_\_\_\_ (*time*) on your first day back.

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Name of Health Care Provider (please print)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
\_\_\_\_\_  
/ \_\_\_\_\_  
Telephone Number and Fax Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

**PLEASE RETURN FULLY COMPLETED  
FORM BY eFAX TO:**

Cherese Hill-Cartagena

HR Administrator

Email: [Cherese\\_hillcartagen@fitnyc.edu](mailto:Cherese_hillcartagen@fitnyc.edu)

Efax: (917) 456-9519 / Phone: (212) 217-3666