

Return to Work Form

Employee Name _____

Date _____

Returning to Work Yes No

Reason if "No" _____

Note: If an employee is unable to return to work immediately due to Covid-19 reasons, he/she may qualify for Emergency Paid Leave.

Employees, when offered their job back, will no longer qualify for unemployment benefits. They will not be able to choose to stay on unemployment.

Work Location _____

Position _____

Return to Work Date _____

Manager Name _____

Signature _____