



College of Southern Idaho
Release/Intent to Return to Work

This form must be completed in full and returned to the Human Resource Office upon your return to work.

Employee: Complete this section and give to your health care provider to complete the bottom portion of the form.

Employee Name _____ Date _____

Department _____ Supervisor _____

I intend to fully return to work on the _____ (see release below)

I am currently unable to fully perform all functions of my present position and am requesting an extension or assistance with temporary restrictions, as designated below (see statement below).

I do not intend to return to work as scheduled. I understand that by notifying you of this intention, I am resigning my employment with The College of Southern Idaho.

You are required to have your health care provider complete the bottom portion of this form, stating you are fit to return to work before returning to work.

Employee's Signature _____ Date _____

Health care provider: Complete the following if the employee intends to return to work:

The employee is fully released to return to work on _____ (date).

The employee is released to work full-time on _____ (date), with the following restrictions:

The employee is released to part-time on _____ (date), with the following restrictions:

Signature of Health Care Provider

Date

Print Name

Type of Practice