



# Return to Work Certificate

**Instructions:** For sick leave of thirty (30) or more calendar days, both Section 1 and Section 2 of this form must be completed and faxed to the Employee Health Resource Centre before you return to work.

**New:** Completed forms should be faxed to the Employee Health Resource Centre at 403-777-6065.

**Exception:** Employees of Facility Caretaking should fax directly to Facility Caretaking Services at 403-777-7388.

**Section 1: Employee Information** *To be completed by Employee*

<b>First Name:</b>		<b>Last Name:</b>		<b>Employee ID:</b>	
<b>Location:</b>				<b>Position:</b>	
<b>First Day Off:</b>				<b>Area:</b>	

I hereby voluntarily agree to the release of information on this form to the Calgary Board of Education for the purposes specified below. I am aware of the reasons why the health information is needed and the risks and benefits of consenting or refusing to consent. This consent is effective for the length of this illness absence unless I revoke my consent by notifying the Employee Contact Centre, in writing.

<b>Signature:</b>		<b>Date:</b>	
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If you have questions regarding the use of this form please contact the Employee Contact Centre at 403-817-7333 or your Union/Association.

**Section 2: Medical Practitioner** *To be completed by Medical Practitioner*

Being a physician familiar with the medical history of this individual, I certify that, to the best of my knowledge,

\_\_\_\_\_ (employee)

is fit to return to their regular duties on a continuous basis as of \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Day Month Year

<b>Physician Name:</b>		<b>Phone:</b>	
<b>Signature:</b>		<b>Date:</b>	

**Please Note:**

A completed Return to Work Certificate is required before returning to work where sick leave absences exceed 30 or more calendar days.

This form is to be used for return to pre-illness work and hours only.

If modifications are required to duties or hours, please contact the Employee Health Resource Centre (EHRC) for the appropriate form at 403-777-7788.

Personal information is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy Act (FOIP)*. This information will be used for the management of personnel and for the delivery of various Human Resources programs at the Calgary Board of Education. It will be treated in accordance with the privacy protection provisions of FOIP. If you have any questions about the FOIP Act, please access <http://www.cbe.ab.ca/legal/foip>. If you have any questions about this form and/or the use of the information, please contact the Employee Contact Centre at 403-817-7333.

