



**WILLIAM  
PATERSON  
UNIVERSITY**

OFFICE OF PAYROLL AND EMPLOYEE BENEFITS • COLLEGE HALL  
P.O. BOX 913 • WAYNE, NEW JERSEY 07474-0913  
973.720.2885 FAX 973.720.2013  
CONFIDENTIAL FAX FOR MEDICAL DOCUMENTATION 973.720.3694

**RETURN FROM MEDICAL LEAVE OF ABSENCE FORM**

**To be completed by employee**

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

Employee ID Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

**Healthcare Provider's Statement (To be completed by Provider)**

This is to certify that \_\_\_\_\_ may return to work on: \_\_\_\_\_

(Name of Patient)

(Date)

Restrictions or limitations? (Select One): None Yes - Restrictions

List Restrictions: \_\_\_\_\_

\_\_\_\_\_

End date of restrictions: \_\_\_\_\_ (if unknown, please list date of next follow up appointment)

Provider Name (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be completed and returned prior to returning to work.**

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Providers may return this form to Office of Payroll and Employee Benefits by Confidential fax: 973-720-3694 or employees may upload this form using the [My Documents page in WP Connect](#).