



REQUEST TO RETURN TO WORK FROM MATERNITY LEAVE

(RETURN FROM PREGNANCY DISABILTY LEAVE)

Employee Name: _____ Employee ID #: _____ HRS/Day: _____

Work Site/Department: _____ Position: _____ Phone #: _____

CERTIFICATED (VUTA) CERTIFICATED MANAGEMENT CLASSIFIED (CSEA) CLASSIFIED MANAGEMENT

Medical Certification is required in order to return to work from Maternity Leave (PDL). Acceptable medical certification includes completion of the Physician's Statement below or a note from the treating physician that includes the delivery date, the date the employee is cleared to return to work, indication if the employee is able to return with or without restrictions, and restrictions listed, if any.

Please check the type of medical certification included with the request: Physician's Statement (below) Doctor's note (attached)

PHYSICIAN'S STATEMENT *(This section is to be completed by your health care provider.)*

Note to Physician: This form is to verify when the employee will be able to return to work following a pregnancy related disability. Completed form can be returned by the employee to the District Office or faxed to VUSD at (559) 735-8099.

The patient named above is under my care. The patient's date of delivery was : _____ .

The patient is able to return to work from pregnancy related disability on _____

with or without restrictions. If applicable, please note the restrictions and duration of restrictions below:

Signature of Physician

Date

Name of Physician (print or type)

Phone Number

EMPLOYEE STATEMENT:

- I intend to return to work on the date indicated in the Medical Certification.
- I intend to request Parental Leave (FMLA/CFRA-Child Bonding Leave) immediately following Maternity Leave. **A Request for Parental Leave must be submitted with this form.**

Employee Signature: _____ Date: _____

Return Form to: Human Resources-Employee Benefits
5000 W Cypress Ave, Visalia CA 93277