

Returning from Leave – Interview

Employee Name: _____

Phone #: _____

Employee Number: _____

Location: _____ Position: _____

Supervisor: _____ Phone #: _____

Date Notified of Employee Return: _____

Release Date from Doctor: _____

Re-entry Interview Scheduled: _____

Date

Time

Employee on: FMLA Ext. Leave Workers' Compensation
 SLB Admin.

Date leave began: _____

Return to work signed by doctor: Yes No

Restrictions: Yes No

Evaluations of restrictions/job:

Notes from meeting:

Approved for re-entry: Yes No

Return to work date: _____

Supervisor Signature

HR Signature

Date

Employee

Date