



Albertville City Board of Education

Intent to Return to Work and Medical Release Form

(Employee's Name)

Pursuant to my approved Leave of Absence Request, I affirm my intent to return to work on _____, as specified in my approved Leave of Absence Request Form.

(Employee's Signature)

(Date)

If your absence was due to extended physician's care, please have your health care provider complete the following:

- The above named employee is fully released to return to work, without restrictions, on _____ (date)
- The employee is released to work on _____ (date), but with the following restrictions: _____ until _____ (date).

(Print name of Health Care Provider)

(Type of Practice)

(Address)

(Telephone)

(Signature of Health Care Provider)

(Date)