FIT Fashion Institute of Technology
State University of New York

RETURN-TO-WORK CERTIFICATION

EMPLOYEE NAME: _____

Please be advised that the above-referenced employee has been under my care and is able to return to work from his/her leave and perform the essential functions of his/her position on _____(date):

- ☐ without any restrictions
- ☐ with the following restrictions:

_____

_____

_____

- ☐ probable duration for restrictions:

_____

_____	_____
Signature of Health Care Provider	Name of Health Care Provider (please print)
_____	_____/_____
Type of Practice	Telephone Number and Fax Number
_____	_____
Address, City, State and Zip Code	Date

PLEASE RETURN FULLY COMPLETED FORM TO:

Cherese Hill-Cartagena
Office of Human Resources
Fashion Institute of Technology
333 7th Avenue, 16th Floor
New York, NY 10001-5992
Telephone: (212) 217-3666
Temporary eFax: (917) 456-9519