

HARVARD LAW SCHOOL

Human Resources

Harvard Law School – Return to Work Form

Employee Name: _____

Medical Clearance date to return to work: ____/____/____ (Please indicate specific date)

____ Regular Duty / No Restrictions

____ No Driving (explain below)

____ Modified Duty (explain below)

____ No Equipment Operation (explain below)

____ Reduced Hours (explain below)

____ Work Restrictions (explain below)

____ Duration of impairment (explain below)

____ Hours/Days (if restricted – what days/hours per day, explain below)

OTHER and/or Explanation from item(s) marked above (including end dates, timeline, etc.)

Physicians Signature _____ Date ____/____/____

Please submit this form to HLS Human Resources via email (hlsdisability@law.harvard.edu)