

## Return to Work Form - Material Logistic Supply Personnel

First Name	Last Name	AA Employee #	Base
Email Address		Phone Number	
	your care and treatment of our colleague s our employee's request to return to wor		mpleting the information
safety of our employees and co	ns at our company that could affect the er ustomers is a priority for our company, the upational Safety and Health Administration	e Federal Aviation Administration (FAA)	
inventory of all essential fund employees within this job clas	equired physical demands of <b>Material Lo</b> gotions and required physical demands, ssification. The failure to perform these ment and company aircraft damage.	indicate the general nature and leve	el of work performed by
	yee's request to return to work, and/or sat listed below. If our employee has a restri		
<ul> <li>Work in a high noise env</li> <li>Routinely engage in task</li> <li>Distinguish all colors</li> <li>Examine tools and parts</li> <li>Read and interpret printe</li> <li>Possess cognitive skills</li> <li>Handle approved dange</li> <li>Operate and drive mach</li> </ul>	ks related to bending, stooping, pushing, pulling for defects and wear ed or computerized materials to process paperwork, perform simple mathem	natical functions, and identify numbers and s	hapes
I understand the essential jo for this employee's recent al	b functions and physical demands list bsence from work.	ed above. I certify that I am the treati	ng healthcare provider
I confirm my patient has bee	en under my care since mm/dd/yyyy	and is able to return to work <u>WITHO</u>	UT RESTRICTIONS.
Return To Work Date:			
Health Care Provider (print nan	ne):		
Specialty/Type of Practice:			
Phone Number:		Fax:	

Please fax the completed form to 1-855-895-3685

Health Care Provider Signature:

Date: \_\_\_\_\_

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First Name	Last Name	AA Employee #	Base
Treating Health Care Provider (con	tinued):		
I understand the essential job function work <b>WITH RESTRICTIONS</b> .	ns and physical demands listed	d on page one. I confirm my patient is cur	rently able to return to
Return To Work WITH RESTRICTION	NS: Start Date:	_ End Date:	
Please complete the following	mm/dd/yyyy g:	mm/dd/yyyy	
List the specific restrict	ons preventing or impacting th	e Employee's performance (attach addition	onal sheets as necessary)
2. Full Duty release <u>WITH</u>	OUT RESTRICTIONS:		
		mm/dd/yyyy	
By signing this form, you are certif from work.	ying you are the treating Hea	alth Care Provider (HCP) for this emplo	yee's recent absence
Health Care Provider (print name):			
Specialty/Type of Practice:			
Phone Number:		Fax:	
Health Care Provider Signature:		Date:	

**GINA Compliance Notice:** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## **Employee Notes:**

- 1. Your return to work status should be updated on Jetnet within 2 business days.
- 2. Depending on your position, base and time away from work, you may be required to undergo a fingerprint/background check prior to reporting back to work. Contact your manager to review your specific requirements.
- 3. If returning to work with job restrictions, you will need to speak with your supervisor, and review the Americans with Disabilities Act and Modified Duty policies located on Jetnet.
- 4. See your station/base manager/supervisor/lost time personnel upon returning to work.

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