

**UW-MADISON OFFICE OF THE VICE CHANCELLOR FOR RESEARCH AND GRADUATE EDUCATION  
EMPLOYEE RETURN TO WORK FORM**

<b>For completion by the EMPLOYEE</b>				
Employee/Patient Name (please print):				
Employee's Supervisor:				
Center/Department:				
<b>For completion by the TREATING SPECIALIST</b>				
Date of return to work: _____				
<input type="checkbox"/> With temporary restrictions <input type="checkbox"/> Without restrictions				
<b>If restrictions are required, please indicate specifics below.</b>				
May work (hours per day):	May work (days per week):	May work (hours overtime per day):		
May lift (weight):				
May:	Never=0%	Occasionally= 1-30%	Frequently= 31-65%	Continuously= 66-100%
<i>lift from floor</i>				
<i>lift from waist level</i>				
<i>lift over the shoulder/head</i>				
<i>reach overhead</i>				
<i>sit</i>				
<i>stand</i>				
<i>walk</i>				
<i>climb</i>				
<i>kneel</i>				
<i>squat</i>				
<i>bend</i>				
<i>push/pull</i>				
<i>crawl</i>				
<i>twist</i>				
<i>grasp</i>				
<i>operate moving machinery</i>				
<i>drive</i>				
Additional information:				
Date of next evaluation:				
Treating Specialist's Name (please print):				
Address:				
Telephone Number:				
<hr/> Treating Specialist Signature <span style="float: right;">Date</span>				

\*\*Forward a copy of this form to: OVCGRG – Human Resources  
 307 Bascom, 500 Lincoln Drive  
 FAX: 608-262-5235  
 Attention: Julie Karpelenia or Julia Rielly