

# Funeral Home Return to Work Form

## Employee Information

- Employee Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Department: \_\_\_\_\_

## Leave Details

- Reason for Leave:
  - ☐ Bereavement/Family Death
  - ☐ Personal Leave
  - ☐ Other (Please specify): \_\_\_\_\_
- Leave Start Date: \_\_\_\_\_
- Leave End Date: \_\_\_\_\_
- Total Number of Days Absent: \_\_\_\_\_

## Return to Work Details

- Date of Return to Work: \_\_\_\_\_
- Return Type:
  - ☐ Full-Time
  - ☐ Part-Time (Specify schedule): \_\_\_\_\_
- Does the Employee Require Any Accommodations?
  - ☐ Yes (If yes, specify below)  
\_\_\_\_\_
  - ☐ No

## Employee Acknowledgment

I certify that I am ready to return to my duties as agreed upon with my employer.

**Employee Signature:** \_\_\_\_\_

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

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## Supervisor/Manager Review

- **Reviewed by:** \_\_\_\_\_
  - **Title:** \_\_\_\_\_
  - **Date:** \_\_\_\_\_
  - **Comments:**
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## HR Department Use

- **Reviewed by (HR Representative):** \_\_\_\_\_
  - **Date:** \_\_\_\_\_
  - **Additional Notes:**
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