



Northern Lights Library System

Human Resources Department

5615- 48 St, Postal Bag 8

Elk Point, AB T0A 1A0

780-724-2596 ext. 2110

APPENDIX H - RETURN TO WORK LETTER

Employee Name:

Title:

Address:

Date:

Dear _____,

We look forward to your return to work from your leave of absence. Please be advised that we require a doctor's note stating your date of return to work along with a completed Functional Abilities Form (included).

Please have your doctor complete the included form to provide clearance to return to work and to state any applicable work restrictions (such as modified duties, or hours of work).

All documentation must be received no later than one week prior to your expected return to work.

If you require any further information about your return to work, please contact the Executive Director or the Human Resources department.

Sincerely,

NLLS Representative

Date: _____