



COMMONWEALTH OF MASSACHUSETTS
**EMPLOYEE NOTICE OF INTENTION TO RETURN
FROM FAMILY OR MEDICAL LEAVE**

DIRECTIONS TO EMPLOYEE:

1. You may use this form to **notify management** of your intention to return from leave.
2. Please fill out this form and return it to your supervisor **prior** to your anticipated date of return.

NOTE: If you do not provide a requested fitness-for-duty certification to return to work, your employer may delay restoration until you submit the certification.

TO BE COMPLETED BY EMPLOYEE: (please print or type)

1. Name Employee ID
2. Department / Agency
3. Supervisor
4. Date leave began
5. Date of planned return

I understand that my restoration to employment is subject to the following terms and conditions:

1. As a condition of restoration to work, I must provide a written certification from my health care provider that I am able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his or her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.
3. An employee returning from family and medical leave shall not be entitled to the accrual of any seniority or employment benefits during the period of leave.

Employee's signature: _____

Date: _____