

All employees absent from work for **forty (40) or more consecutive hours** must be reinstated by the Employment Office before returning to work. Application for reinstatement **will be accepted in the Employment Office** as follows:

**CHILDREN ARE NOT
ALLOWED IN
MEDICAL**

Doctor's Hours	
Monday	7:00 am - 3:30 pm
Tuesday	11:00 am - 4:30 pm
Wednesday	2:00 pm - 4:30 pm
Thursday	8:30 am - 3:30 pm
Friday	7:00 am - 3:30 pm

The Employment Office
will be closed from
**11:30 am – 12:30 pm on
Mon, Thurs and Fri**

In order to be reinstated without loss of time, first shift employees may apply for reinstatement on the days the Employment Office is open (excluding Saturday, Sunday, and holidays) immediately preceding the day they anticipate returning to work. All shifts may apply the same day they anticipate returning to work during reinstatement hours, however, paid time will commence upon reporting to their work station. NOTE: The Turnaround Policy may be applied to same day reinstatements.

Release to Work Statement Completed by a Physician

Patient's Name: _____

Patient was totally disabled from: _____ thru _____

Patient may return to work on: _____

Without Restrictions

With Restrictions (be specific): _____

List all treatment dates: _____

Medical Diagnostic Code or Nature of Illness: _____

Completed by:

Physician Name: _____ Phone: _____

Address: _____

Physician Signature: _____ Date: _____

MUST BE SIGNED BY A DOCTOR (MD or DO only)

IMPORTANT - PLEASE NOTE:

- ✓ **NO Cross outs, corrections, White-Out or changes made on this form will be accepted!**
- ✓ Attending Physician **must** sign the statement. Stamped signatures are not accepted.
- ✓ Employee must present the original statement in person for reinstatement.
- ✓ Faxed or copied statements are not accepted.
- ✓ **All blanks MUST be completed by a Physician.**

IMPORTANT NOTICE

MEDICAL DOCUMENTATION CRITERIA CHANGES

Effective August 30, 2016 there are changes to the Medical Documentation Criteria required for reinstatement from a medical leave for all hourly personnel.

When reinstating from a medical leave, the medical documentation must include ALL SEVEN (7) of the following criteria:

1. The reinstatement form must include the physician's name and phone number;
2. Date statement was written – **must be seen/treated no later than Day 2 of medical absence**;
3. Diagnosis or diagnostic code;
4. Dates of total disability must include start date and end date;
5. Dates of treatment must include start and end dates of medical coverage;
6. Return to work date, must include the return to work status as with or without restrictions.
7. Physician's signature (NOTE: medical documentation **must be signed by treating physician MD or DO.** All other notes signed by other medical professionals will not be accepted; list includes but is not limited to PA, RN, RNP, MA, LLP, LMSW, and ACSW. Rubber stamps, electronic signatures, copies/faxes are not permitted.)

Employees returning from a medical leave of absence are required to report to the Plant Employment Office for reinstatement processing in advance of returning to work to ensure they are available at the start of their respective shift. The employee will be considered to be "at work" for the purpose of attendance and paid time will commence upon reporting to their workstation.

Please refer to the reinstatement form for Employment Office reinstatement hours.

