



RETURN TO WORK APPOINTMENT NOTICE

Date: _____

Client/Recipient ID: _____

Dear _____,
(Print Participant First & Last Name)

You have been given a medically excused leave from _____ to _____.
(Begin Date) (End Date)

You are scheduled to return to PATH on _____ at _____.
(Return Date) (Appointment Time)

If you are unable to keep your appointment, you must contact _____
(MW! Staff Name)
at _____ BEFORE your appointment.
(Phone Number)

If you do not return or contact us before the appointment time, you will be considered noncompliant and you will be subject to the noncompliance policy.

MWA Use Only

Please complete section below PRIOR to providing participant with their copy of this notice.
Distribution of Notice: Original remains in case file and a copy must be given to the participant.

Participant Copy Given	<input type="checkbox"/> In Person	<input type="checkbox"/> By Mail	<input type="checkbox"/> By E-mail	<input type="checkbox"/> By Fax	Date: _____
------------------------	------------------------------------	----------------------------------	------------------------------------	---------------------------------	-------------

Issued by: _____ Contact: _____
(Print name of MW! staff issuing the notice) (Phone Number)