Roger León
Superintendent

Newark Board of Education

Where Passion Meets Progress

Dr. Yolanda Méndez
Assistant Superintendent of Human Resource Services

Return to Work Medical Certification

Part 1: To Be Completed By Employee (please print)

Employee Name: _____ Date Leave Begin _____
(First Name, Last Name)

Employee Position: _____

Employee Signature: _____ Date: _____

Part 2: To Be Completed By Employee's Health Care Provider

I certify that on _____, _____, is able
(date) (Name of Employee)
to resume performing the functions of his/her position without reasonable accommodation.

Healthcare Provider Signature: _____ Date: _____

If you have any questions or need more information, please feel free to call 973-733-8762 to speak with an HR representative or email Leavesofasbence@nps.k12.nj.us.