WEST VIRGINIA UNIVERSITY
ENVIRONMENTAL HEALTH AND SAFETY
EMPLOYEE RETURN TO WORK NOTICE

If an employee did not return to work by the time the West Virginia University Supervisor’s Injury/Illness Report Form was completed and mailed to Environmental Health and Safety, this form must be completed.

This form must be received by Environmental Health and Safety within three days of the employee’s date of return to work.

________________________________________________________
Employee Name

________________________________________________________
Department (College/School/Unit)

________________________________________________________
Date of Injury/Illness

________________________________________________________
Date of First Missed Day of Work

________________________________________________________
Date Employee Returned to Work

________________________________________________________
Total Number of Days Employee Missed Work

________________________________________________________
Supervisor’s Name (Typed or Printed)  Work Phone Number

________________________________________________________
Supervisor’s Signature