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& (5	7,),&\$7,21	% < \$	+&\$/	57(+3	529,	, ' ( 5	) 2 5	5 (78	5 5 17,21	*: 25
1.	Employee Name:	(please print	)							
2.	Date the employee may return to work:									
3.	List below any restrictions or accommodations that are necessary and related to the employee's work:									
	Employee's 6igna	ture:					_ Date	e:		
	Signature of +ealth & are 3rovio	der:					Da <sup>·</sup>	le:		