Employee Checklist for Returning to Work Following a Medical Leave of Absence

Please read the following information carefully.

The steps below help you return to work with proper pay and benefits.

	st seven days prior to your return to work, provide the release form named according to the routing instructions on the bottom of the form:
0	If your medical condition is covered by Workers Compensation, your health care provider will need to complete the Physicians Activity Prescription form
0	If your medical condition is not covered by Workers Compensation, your health care provider will need to complete the Work Release/Restriction form
0	If your medical condition is cognitive or psychiatric in nature, your health care provider will need to complete the Cognitive Behavioral Capacities Evaluation form
(whic provid so. P	Ir release to return to work includes any work restrictions or accommodations h may include work schedule changes), PSE will need to evaluate the ability to de job modifications. You will not be able to return to work until approved to do SE supports reasonable accommodation and will provide assistance to aid your tion back to work.
Emploduties notificated to the continuous section to the continuous se	whave been absent for sixty days or more you must complete either a DOT "Presyment" drug test or a Non-DOT "Re-entry" drug test, depending on your job is.* You must complete the test within two (2) business days after receiving cation from Human Resources. You will be called and given a location for your try test, at a PSE-approved collection site. You may not return to work until you taken and passed the re-entry test. No exceptions will be made. Please note, you d continue to take prescription medications that have been prescribed by your provided in the Company's Substance Abuse Plan For DOT Covered yees (DOT Substance Abuse Plan) and CPM-04 Appendix A)
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Notir	y your supervisor and follow the return to work procedures of your workgroup.
Conta	y your supervisor and follow the return to work procedures of your workgroup. act MetLife at 1-877-80FFWORK (1-877-863-3967) or on the web at mybenefits.metlife.com the day you return to work and if taking additional time ork after your return.

IMPORTANT NOTES ABOUT YOUR PAY: If you have been absent 60 days or more, your STD or Workers' Compensation time loss coverage will end on your release to return to work date. These benefits will not cover the time between your release date and PSE's receipt of your mandatory drug test results. If you have available PTO and wish to use it, notify PSE HR-Leaves. Otherwise, your time will be unpaid.