

## Return to Work Notification Form

Please fax or e-mail this form as soon as you have a return-to-work date for your employee

Email [claims@sslicny.com](mailto:claims@sslicny.com) | Fax 585-398-2854

Please be advised that:

Employee name: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Returned to work on a (fill-in):

☐ Full time basis on: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR ☐ Part time basis on: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

### Contact Information

Phone #: \_\_\_\_\_ Extension: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_