



Referral to Medical Services Notice Template (Commonwealth Employee)

Date: _____

It has been determined that you are exhibiting symptoms of COVID-19 and as a result you are unfit to continue working at this time and you are unable to remain at work. As a result, you are required to have your health care provider complete the attached **"Return to Work Status Form"** for the purpose of determining your ability to perform your regular duties and free from any contagious diseases.

We ask that your medical provider review this form and complete to determine your eligibility to return to work or remain on leave until such time that your health care provider determines you are able to return to work. **Please have the form completed and returned to the HR Service**

Center - FMLA Services prior to your return to work. The form may be emailed to: ra-spfabsence@pa.gov or faxed to: 717-425-5389.

You are instructed not to return to work until you or your physician have submitted your **"Return to Work Status Report"** and you are contacted by your supervisor about a return to work date. Until such time, you will be placed on approved leave until you are cleared to return to work. Please contact your supervisor or the HR Service Center - FMLA Services at 717-346-4667 regarding your approved leave options.

You may seek confidential assistance available through the State Employee Assistance Program (SEAP), by calling 1-800-692-7459 (toll free). This number is in service 24 hours a day. SEAP will not disclose information to the worksite without your consent. The provision of this information does not indicate and should not be interpreted to indicate that the Commonwealth regards you as having a disability. Your removal from the worksite does not alter or relieve you from any progressive disciplinary actions.

If you have any questions, please contact your supervisor or the HR Service Center – FMLA Services at 717-346-4667 or by email at ra-spfabsence@pa.gov.