## Cumberland County Employee Wellness Services

*Employee Wellness Center Clinic*

**VISIT AUTHORIZATION/RETURN TO WORK NOTICE**

**Employee's Name: _____**

**Department: _____**

**Date: _____** **Supervisor's Signature_____**

**Jobsite check-out time: _____**

**Clinic check-in time: _____** **Clinic check-out time: _____**

**May return to work: _____**

**Provider's or RN's Signature:_____**

**Pharmacy check-out time: _____ Pharmacist's/Pharmacy Tech's Signature:_____**


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