

I _____ OSU Employee ID Number (required)
Full Name

understand that the outcome of my return to work evaluation performed by Employee Health Services determined I was not able to meet the essential functions of my former position as _____ (attached). As a classified Civil Service employee, I agree to waive my right to a pre-reinstatement hearing.

I understand I am still eligible to be reinstated to a position similar to the one I last held two (2) years from the effective date of my disability separation.

Employee Signature Date

Keep a copy of this form for your personal records.

For additional information contact the Office of Human Resources Customer Service Center at (614) 292-1050, 1-800-678-6010, Fax: (614) 292-6235, service@hr.osu.edu, or hr.osu.edu.

Return completed form to: The Ohio State University, Office of Human Resources, Integrated Disability, 1590 North High Street, Suite 300, Columbus, OH 43201-2190.