



**University of Oregon**  
**HR Employee Status Report (ESR)**  
Phone (541) 346-3085

**Employee Instructions**

Provide this form to your medical provider for completion and return it to UO Human Resources via email at [hrleaves@uoregon.edu](mailto:hrleaves@uoregon.edu) or fax (541) 346-2548, *at least 5 days prior to return-to-work date.*

**Modifications or Restrictions**

If your healthcare provider medically releases you to modified work with restrictions you must complete the online [Accommodation Request Form](#) **5 days prior to your return to work date**. If you have any questions or need assistance with the accommodation forms or process, please contact [workplaceada@uoregon.edu](mailto:workplaceada@uoregon.edu).

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\*\*\*\*\*FOR PROVIDER USE ONLY\*\*\*\*\*

Employee Name: \_\_\_\_\_

Date of Next Appointment: \_\_\_\_\_

**Current Work Status (check one only):**

- Employee released to regular work without restrictions.
  - Status from (date): \_\_\_\_\_
  
- Employee not released to regular work.
  - Status From (date): \_\_\_\_\_ to: \_\_\_\_\_
  
- Employee released to modified work.
  - Status From (date): \_\_\_\_\_ to: \_\_\_\_\_

Print Medical Provider's Name: \_\_\_\_\_

Medical Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Medical Provider's Telephone Number: \_\_\_\_\_

Medical Provider's Address: \_\_\_\_\_