



**Human Resource & Employee Compensation Services**

P.O. Box 246870 • Sacramento, CA 95824-6870

**Return From Leave of Absence**

I, \_\_\_\_\_, am returning to work as of \_\_\_\_\_.

- I have attached a copy of the doctor's note that is allowing me to return to work.
- I have attached \_\_\_\_\_.
- I will fax the document to Human Resource Services at 399-2016.
- \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

**For Office Use Only**

\_\_\_\_\_  
Received by:

\_\_\_\_\_  
Date

Additional Information:

Doctor's Note on File

Position: \_\_\_\_\_

Comments: \_\_\_\_\_

Site: \_\_\_\_\_

Hours: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_