



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 643-9454.

Employee Signature

Date

Location

Social Security Number

Home Phone Number

Cell Phone Number

For HR Office Use Only

Received by:

Date

Additional Information:

Doctor's Note on

Position:

File Comments:

Site:

Hours:
