



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

**Visiting Educator:
Return From Leave of Absence**

Date

I, _____, am returning to work as of _____
according to the established timelines in Administrative Regulation AR 4161.4 Visiting
Educator Leave.

Employee Signature

Date

Social Security Number

Phone Number

For Office Use Only

Received by:

Date

Additional Information:

Visiting Educator Packet on File

Position: _____

Comments: _____

Site: _____

Hours: _____
