



## Return From Leave of Absence

I, \_\_\_\_\_ ( P S O R ~~B H B B~~ ), 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 \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_  
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_