



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: _____
