

Return from Leave of Absence Form

Please complete this form upon your return from an authorized leave of absence. This form must be submitted to the Human Resources department on your first day back to work.

Employee Information

Full Name:

Employee ID:

Job Title:

Department:

Supervisor/Manager Name:

Leave Details

Type of Leave (e.g., Medical, FMLA, Personal, Military):

Leave Start Date (MM/DD/YYYY):

Scheduled Return Date (MM/DD/YYYY):

Actual Return Date (MM/DD/YYYY):

Return Status & Work Accommodations

Are you returning to full, unrestricted duty? (Yes / No):

List any required accommodations or temporary restrictions (if applicable):

Has medical release documentation been submitted to HR? (Yes / No / Not Applicable):

Signatures for Print

By signing below, the employee certifies their return to work, and the supervisor/HR representative acknowledges receipt of this return notification.

Employee Signature:

Date (MM/DD/YYYY):

Supervisor/HR Signature:

Date (MM/DD/YYYY):