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| COUNTY OF RIVERSIDE Human Resources Department | RETURN FROM LEAVE (This form must be used to return an employee from all types of leave.) |
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Please submit completed form to Employee Services at Mail Stop #1150.

New

Correction

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| Section to be Completed by Department |
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| Employee Name (Last, First, Middle Initial): | |
| Employee ID: | Department Name: |
| Official County Job Title: | Date Leave Started: |
| Date Employee Returned to Work: | |

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| Form Completed by |
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| Department Head/Designee Printed Name: | Signature: |
| Contact Number: () | Date: |

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| Section to be Completed by Human Resources |
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|---------------|----------------------|
| HR Processor: | Date and Pay Period: |
|---------------|----------------------|