

This form must be used to return an employee from all types of leave

Please submit completed form to Employee Services at Mail Stop #1150.

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New

Correction

Section to be Completed by Department		
Employee Name (Last, First, Middle)	Employee ID Number	Official County Job Title
 Department	Date Leave Started	Date Employee Returned to Work
Form Completed By		
Department Head/Designee Printed Name		Phone Number
Department Head/Designee Printed Signature		Date

Section to be Completed by Human Resources		
HR Processor	Date	