



RETURN TO WORK FORM (REINSTATEMENT)

DATE SUBMITTED: _____

I am returning to work effective _____. I was on leave of absence without pay starting _____. The reason for my leave is _____.

Sign above Printed Name

Unit/Department

NOTED BY:

Unit Head

AVP (for tertiary
Faculty only)

HR Director

Payroll In-charge

Copies: For Tertiary faculty: (5) Employee, Unit Head, Finance Office, AVP, HRO
For Others: (4) Employee, Unit Head, Finance Office, HRO



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