



This form is used to request an early return to active duty from an approved leave of absence.

Please print or type and ensure all information is provided as omissions can delay processing.

 Last Name First Name Middle Name Employee Number

Service: Academic, Regular Academic, Adjunct Classified, Regular

Assignment:

 Location Title of Position Subject Field / Department

1. Ending date of current leave: _____ Return date to service requested: _____

2. Briefly indicate your reason(s) for requesting an early return to service:

3. SIGNATURES:

PROCESSING STATUS			
IF PERMISSIVE LEAVE <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Approved for Processing <input type="checkbox"/> Not Approved for Processing, Indicate Reason: _____	IF MANDATORY LEAVE <input type="checkbox"/> Acknowledged <input type="checkbox"/> Acknowledged	Employee-Applicant _____ Department Head \ Supervisor _____ Supervising Vice President, District Office Equivalent _____ Human Resources Official, District Office _____	Date _____ Date _____ Date _____ Date _____

INFORMATION FOR EMPLOYEE REGARDING EARLY RETURN TO SERVICE

- This form must be submitted and approved before you may return to work earlier than your approved leave of absence return date. If you have not received written authorization, contact your location personnel office for assistance before returning to work.
- Illness / Industrial Accident Leave:** If you are requesting early return from an illness or industrial accident leave of absence, your physician must authorize your return to work prior to your actually reporting to work. To do so, attach an Attending Physician Statement to this form. You may not return to work prior to the date authorized on the Attending Physician Statement under Section 4.B. "Permit to Return to Work."

For further assistance with leave requirements, contact your location Personnel Office.