

L'Anse Creuse Public Schools

Personnel Office

36727 Jefferson Avenue
Harrison Township, MI 48045-2917
TEL 586.783.6300

Return to Work Notice Form

Name

Date

Title

Department

Date of First Missed Day of Work

Return to Work Date

Total Number of Work Days Employee Missed Work

Signature of Employee

Section to be completed by Supervisor

I am verifying that the employee named above:

Has returned to work on

Date

Supervisor's Signature

The Supervisor must submit this form to the Personnel Office prior to the period outlined in the leave confirmation letter.

The employee must provide a physician's release if the leave was due to illness or injury. The release should include any or all restrictions, if applicable.