



## Human Resources Department

180 S 1st St • Dixon, CA 95620

# Return From Leave of Absence

I, \_\_\_\_\_, am returning to work as of \_\_\_\_\_.

- I have attached a copy of the doctor's note that is allowing me to return to work.
- I have attached \_\_\_\_\_.
- I will fax the document to Human Resource Services at (707) 678-0726.
- \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

### For HR Use Only

\_\_\_\_\_  
Received by:

\_\_\_\_\_  
Date

Additional Information:

Doctor's Note on File

Position: \_\_\_\_\_

Comments: \_\_\_\_\_

Site: \_\_\_\_\_

Hours: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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