

Report For Duty Form



NAME: _____

EMPLOYEE # _____

ESTABLISHMENT: _____

EMPLOYEE GROUP: (Please Circle One)

ACADEMIC

SUPPORT

ADMINISTRATIVE

RETURNING FROM:

Leave Period

FROM: Day/Month/Year

TO: Day/Month/Year

Maternity/Parental _____ / _____ / _____

_____ / _____ / _____

Extended Maternity _____ / _____ / _____

_____ / _____ / _____

Leave Without Pay _____ / _____ / _____

_____ / _____ / _____

Long Term Disability _____ / _____ / _____

_____ / _____ / _____

Pre-Paid Leave _____ / _____ / _____

_____ / _____ / _____

Professional Development _____ / _____ / _____

_____ / _____ / _____

Reduced Workload _____ / _____ / _____

_____ / _____ / _____

Short Term Disability _____ / _____ / _____

_____ / _____ / _____

Summer Lay-Off _____ / _____ / _____

_____ / _____ / _____

Workers Compensation _____ / _____ / _____

_____ / _____ / _____

Other/ _____ / _____ / _____

_____ / _____ / _____

The above information is correct:

(Employee's Signature)

(Date)

(Supervisor's Signature)

(Date)

(Admin Officer's Signature)

(Date)