

**Returned From Leave Form****Employee#:**

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**Job#:**

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**Surname:**

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**Other Name(s):**

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**Department:**

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**Leave Type:**Recreation Leave ☐ Sick Leave ☐ Furlough ☐ Compassionate Leave ☐ Study Leave ☐ Maternity Leave ☐ LWOP ☐Other ☐ Specify \_\_\_\_\_**Expected Return Date:**

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**Actual Return Date:**

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**Reason for Late / Early Return:** .....

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**Employee Signature:**..... **Date:**...../...../.....**Supervisor's Name:**..... **Signature:**..... **Date:**...../...../.....**Prepared By:**..... **Signature:**..... **Date:**...../...../.....**Checked By:**..... **Signature:**..... **Date:**...../...../.....**Payroll Office Use Only****Entered By:** \_\_\_\_\_**Date Entered:** \_\_\_\_\_**LWOP Modified:** Yes / NO