

LEAVE REINSTATEMENT FORM

Full-Time

Part-Time

Employee Status:

<u>Union Status</u> : NBF Local 1708 Local 1600 Local 3506 Local 1220 Local 399 Local 73 IEA-NEA Local 7	
EMPLOYEE INFORMATION:	
Name: Location: Position Title: Job Family:	Home Telephone #:
LEAVE INFORMATION:	
Reinstate the employee named above to the position listed above effective/	
This employee is returning to work from a(n) leave which was effective from (Type of Leave)	
ll(month) (day) (year,	tol (mm/dd/yy) (year)
Appropriate documentation supporting this request must be submitted with this form. (Example: A medical release to return to full duty status prior to returning from an illness, FMLA, or parental/maternity leave.) The City Colleges of Chicago reserves the right to require submission to a medical evaluation if deemed necessary. Signature of Employee Date	
FOR DISTRICT OFFICE OF HUMAN RESOURCES DEPARTMENT USE ONLY:	
Approved by District Office of Human Resources Yes	No
Signature of Human Resources Representative Date	