

LEAVE REINSTATEMENT FORM

			Employee Status:		Full-Time	Part-Time			
Union Status:	NBF	Local 1708	Local1600	Local 3506	6 Local 1220	Local 399	Local 73	IEA-NEA	Local 7
EMPLOYEE INFORMATION:									
Name:					Employee ID: Department: Home Telephone Work Telephone	e #:			
LEAVE INFORMATION:									
Reinstate the employee named above to the position listed above effective / (mm/dd/yy) (mm/dd/yy) (year)									
This employee is returning to work from a(n) leave which was effective from (Type of Leave)									
	((month)	//_//_///_////	(year)	_ to (month)	_ (day)	(year)		n/dd/yy)

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

Date

FOR DISTRICT OFFICE OF HUMAN RESOURCES DEPARTMENT USE ONLY:

Approved by District Office of Human Resources Yes No

Signature of Human Resources Representative

District Office of Human Resources REVISED 01/14