

**PASCO SCHOOL DISTRICT NO. 1**



**Notice of Return to Work**

This notice of return to work form must be filled out by the employee and his/her supervisor/principal upon returning to work from a leave of absence. If the leave of absence was for medical reasons, a physician's release **must** be attached.

- Physician's release attached (please check, if applicable)

This form must be completed and returned immediately to Employee Services in order to process the employee's payroll check on the next regular payday.

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**Complete and return this form on the date the employee actually returns to work. Post-dated forms will not be accepted.**

\_\_\_\_\_  
Employee Name (print)

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

returned from a leave of absence on \_\_\_\_\_  
Date of Return to Work

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

\_\_\_\_\_  
Supervisor/Principal Signature

Return to: Employee Services  
Email: [airacheta@psd1.org](mailto:airacheta@psd1.org)  
Fax: 509-543-6728