

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 immediately upon returning to work from a leave of absence.

Physician's release attached
(required if returning from medical, maternity, or workplace injury leave)

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.

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: lklippert@psd1.org
Fax: 543-6728