



## RETURN TO WORK REQUEST

Directions: Type or print the required information.

1. EMPLOYEE NAME (First Name, Middle Initial, Last Name)			
2. EMPLOYEE JOB TITLE		3. EMPLOYEE ID NUMBER	4. CAMPUS/DEPARTMENT
5. EMPLOYEE ADDRESS			
6. CITY		STATE	ZIP CODE
		7. TELEPHONE NUMBER ( ) _____ <input type="checkbox"/> HOME <input type="checkbox"/> MOBILE	
8. TYPE OF LEAVE GRANTED: (select one ) * Requires submission of Work Status Form			
<input type="checkbox"/> Adoption <input type="checkbox"/> Advanced Academic Degree/Sabbatical <input type="checkbox"/> Family Illness			
<input type="checkbox"/> Maternity* <input type="checkbox"/> Military <input type="checkbox"/> Parental <input type="checkbox"/> Personal Illness*			

THIS IS TO NOTIFY THE OFFICE OF HUMAN RESOURCES OF MY REQUEST TO RETURN FROM A LEAVE OF ABSENCE EFFECTIVE \_\_\_\_/\_\_\_\_/\_\_\_\_.

If my family medical leave was due to personal illness or maternity, I understand that I must provide medical clearance signed by my medical provider indicating my fitness for duty as well as my release date. Prior to my return to work, I shall provide to the Office of Human Resources proper documentation of such release from my health care provider. In the event that my doctor indicates any work restrictions on the Work Status Form, I am aware that it may take up to 10 workdays for a determination to be reached as to if restrictions can be accommodated. If I am requesting any accommodations due to any limitations, I must contact the ADA Coordinator at (210) 407-0135.

### Employee Signature

I have read and understand the content of this Return to Work Request. I do certify that the above information is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

Return to Leave Management Specialist | Human Resources | North East ISD  
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MM – 08/16/21