

## REACTIVATION STATEMENT

Complete this form ONLY if you were out for more than 10 days

Date \_\_\_\_\_

I, \_\_\_\_\_, hereby verify that I will return to work from my Board approved leave of absence as specified below:

Position \_\_\_\_\_

School \_\_\_\_\_

Social Security Number \_\_\_\_\_

Beginning date of approved leave \_\_\_\_\_

Ending date of approved leave \_\_\_\_\_

My first day of resumed employment will be \_\_\_\_\_.

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

\_\_\_\_\_  
Date

**This form will facilitate the reactivation of the above named employee's salary and benefits.**

1. **If the leave was for less than five months**, this form must be filled out and returned to the Human Resources Department no later than one week before returning from leave.

2. **If the leave was for more than six months**, this form must be filled out and returned to the Human Resources no later than one week before returning from leave. Additionally, you are required to verify your address and direct deposit information, and complete a new W-4 form with the Payroll Department.

**\*This form may not be submitted with initial leave request. It must be submitted one week prior to returning to work.**

Revised 05/06

