This form is used to request an early return to active duty from an approved leave of absence.

Please print or type and ensure all information is provided as omissions can delay processing.

Last Name ______________________ First Name __________________________ Middle Name ___________________________ Employee Number ______________________
Service:  
☐ Academic, Regular  ☐ Academic, Adjunct  ☐ Classified, Regular
Assignment:  
Location ________________________________ Title of Position __________________________ Subject Field / Department __________________________

1. Ending date of current leave: ___________________________ Return date to service requested: ___________________________

2. Briefly indicate your reason(s) for requesting an early return to service:

__________________________________________________ ________________________________________________

3. SIGNATURES:

<table>
<thead>
<tr>
<th>PROCESSING STATUS</th>
<th>If PERMISSIVE LEAVE</th>
<th>If MANDATORY LEAVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Recommended</td>
<td>☐ Recommended</td>
<td>☐ Acknowledged</td>
</tr>
<tr>
<td>☐ Not Recommended</td>
<td>☐ Not Recommended</td>
<td>☐ Acknowledged</td>
</tr>
<tr>
<td>☐ Approved for Processing</td>
<td>☐ Approved for Processing</td>
<td>☐ Not Approved for Processing, Indicate Reason:</td>
</tr>
</tbody>
</table>

Employee-Applicant ___________________________ Date __________________________
Department Head \ Supervisor ___________________________ Date __________________________
Supervising Vice President, District Office Equivalent ___________________________ Date __________________________
Human Resources Official, District Office ___________________________ Date __________________________

INFORMATION FOR EMPLOYEE REGARDING EARLY RETURN TO SERVICE

• This form must be submitted and approved before you may return to work earlier than your approved leave of absence return date. If you have not received written authorization, contact your location personnel office for assistance before returning to work.

• Illness / Industrial Accident Leave: If you are requesting early return from an illness or industrial accident leave of absence, your physician must authorize your return to work prior to your actually reporting to work. To do so, attach an Attending Physician Statement to this form. You may not return to work prior to the date authorized on the Attending Physician Statement under Section 4.B. “Permit to Return to Work.”

For further assistance with leave requirements, contact your location Personnel Office.