



Intent to Return to Work Form

TO: _____
(Supervisor's Name)

FROM: _____ Employee ID Number
(Employee's Name)

Pursuant to my approved Leave of Absence Request, I affirm my intent to return to my normal work duties on _____.
(Date)

Employee's Signature

Date

Please submit this form to your department two (2) weeks prior to the end of your leave of absence, or by the date given to you in your leave approval letter. Your department is responsible for submitting a copy of this Intent form to your HR Leave Coordinator. Your department must also send a Personnel Action Form (ePAF) to HR-Records upon your return to work.