

RETURN TO WORK
From Short Term Absence
(Due to Illness of 10 days or Less)

TO: PAYROLL SERVICES

Employee Number:	First Name:	Last Name:	
First Date of Absence:	Return to Work Date:	Number of Work Days Absent:	Total Number of Hours Absent:*

Indicate your Employee Group:

- Faculty
 Support Staff
 Administrator

Employee Signature

Date

Employee's Immediate Responsibility:

- Complete this form, and
 deliver this completed form to Payroll Services for processing, by Noon (1200 hrs) on your Return to Work Date

College Services
Revised: 16-Oct-08

* Full time employees on a compressed work schedule should note that their hours for a full day are 7.75.

Full time employees not on a compressed work schedule should note that their hours for a full day are 7.0.

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