



Maury County Public Schools

RETURN TO WORK

This is to be emailed to Human Resources ON THE DATE YOU ARE SCHEDULED TO RETURN TO WORK. Email to: Melinda Guettner: mguettner@mauryk12.org

Employee Name: _____

School: _____

Date (the day employee was scheduled to return to work from his/her leave of absence): _____ (mm/dd/yyyy)

Did employee return on the date listed above? Yes No

If NO, was the supervisor notified? Yes No

Date/Time of notification: _____ (mm/dd/yyyy)

Other Comments: _____

Was an interim employee used? Yes No

Name of Interim: _____

Interim's last day worked: _____ (mm/dd/yyyy)

Employee Signature Date: _____ (mm/dd/yyyy)

Immediate Supervisor's Signature Date: _____ (mm/dd/yyyy)

HR Signature Date: _____ (mm/dd/yyyy)

Received by HR on: _____ (mm/dd/yyyy)