



## Return from Maternity/Family Medical Leave

\_\_\_\_\_ (Employee Name) has returned from maternity/medical leave to:

\_\_\_\_\_ Employer Name

\_\_\_\_\_ Employer Address

\_\_\_\_\_ Employer Phone Number

\_\_\_\_\_ Employer EIN#

His/Her date to return back to work is \_\_\_\_\_ and he/she will work an average of \_\_\_\_\_ hours each week. His/Her wages will be \$ \_\_\_\_\_ per hour.

\*This form must contain the Employer Identification Number (EIN). If the EIN is not available, please attach the business card of the person signing this form, or information can be submitted on company letterhead.

\_\_\_\_\_  
Signature and Title of Person Completing Form

\_\_\_\_\_  
Date

\*This form must be returned with a doctor's release.