

# R-I-T Department of Human Resources Employee Action Form

## LEAVE OF ABSENCE – STAFF

### Return from Leave

#### Demographic Information

Name: \_\_\_\_\_ Employee # \_\_\_\_\_

#### Return From Leave Information

Actual First Day Back \_\_\_/\_\_\_/\_\_\_

#### Assignment / Salary / Accounting Information

Department Name: \_\_\_\_\_

Return to Work Pay Rate \$ \_\_\_\_\_

(Note: If employee is exempt, please state as annual amount as this amount will be divided by 24 to determine the per pay period amount. If non-exempt please state hourly rate)

7/1/\_\_\_\_ Salary \$ \_\_\_\_\_

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_

Account # \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ %  
 Account # \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ %  
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 Account # \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ %

#### Signatures (Sign and Print Name)

Completed By: Print Name		Ext.:	Date:
1 <sup>st</sup> Approval (required) Print Name			Date:
2 <sup>nd</sup> Approval (optional) Print Name			Date:
3 <sup>rd</sup> Approval (optional) Print Name			Date:
Required Signatures - Grants Only (Project Numbers that start with 3, A-F or P)			
Principal Investigator Print Name		Ext.	Date:
Accounting Representative Print Name			