

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

## LEAVE OF ABSENCE / FURLOUGH – STAFF

### Return

#### Demographic Information

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

#### Return Information

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

#### Assignment / Salary / Accounting Information

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

Return from Leave Pay Rate \$ \_\_\_\_\_

(Note: Leave blank if returning from furlough)

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

#### 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:
<b>Required Signatures - Grants Only (Project Numbers that start with 3, A-F or P)</b>			
Principal Investigator Print Name		Ext.	Date:
Accounting Representative Print Name			