



Return from Leave Without Pay

(Use Form to Return an Employee to an Active Paid Status)

It is the department's responsibility to notify the employee of the impact to their pay by issuing a copy of this form to the employee.

Banner ID: _____

Return to Work Date: _____

Employee Legal Name: _____

Department Name: _____

Department Contact: _____ Dept. Phone #: _____

Departmental Acknowledgment:

Supervisor's Name: _____

Signature: _____ Date: _____

Email: _____

Employee's Signature (optional): _____

The completed and signed form should be delivered to: **TTU/TTUS**

MAIL: TTU Human Resource Services, Mail Stop 1093;

EMAIL: ***hrs.compensation.operations@ttu.edu***

Note to HR: NBAJOBS: If nonexempt LWOP with Benefits, place an RGH in default earnings, remove when returned.