

# 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](mailto:hrs.compensation.operations@ttu.edu)

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