



RETURN TO SERVICE

DATE OF FILING: _____

EFFECTIVITY OF RETURN TO SERVICE: _____

EMPLOYEE INFORMATION	
NAME	<input type="checkbox"/> Faculty College/Campus _____ <input type="checkbox"/> Non-Academic Personnel Unit _____
Address	Contact No. _____

TYPE OF LEAVE OF ABSENCE	
<input type="checkbox"/> STUDY From: _____ To: _____	Program: _____ School: _____
<input type="checkbox"/> VACATION	From: _____ To: _____
<input type="checkbox"/> MATERNITY	From: _____ To: _____
<input type="checkbox"/> SICK	From: _____ To: _____
<input type="checkbox"/> OTHERS	From: _____ To: _____

MEDICAL AUTHORIZATION <i>for sick/maternity leave</i> (to be filled out by his/her attending physician)	
<input type="checkbox"/>	This employee is taking medication that could interfere with his/her ability to safely perform their job.
<input type="checkbox"/>	This employee is not taking medication that could interfere with his/her ability to safely perform their job.
<input type="checkbox"/>	Employee is released for the job with no restrictions.
<input type="checkbox"/>	Employee is released for the job with the following restrictions:
Doctor's Signature over Printed Name: _____ PTR No. : _____	

ENDORSED:

Dean/Unit Head

OFSD Director (for Study Leave)

VP for Administration and Finance

APPROVED:

TEODY C. SAN ANDRES, Ph.D.
President

Attachment/s: *for Study leave* – Certified Copies of Certificate of Grades/Transcript of Records & Diploma
for Sick/Maternity leave – Original Copies of Medical Certificate & CSC Form No. 211

cc: Cluster VP