



## REACTIVATION STATEMENT

Complete this form ONLY if you were out for more than 10 days

Date \_\_\_\_\_

I, \_\_\_\_\_, hereby verify that I will return to work from my Board of Education approved leave of absence as specified below:

Position \_\_\_\_\_

School \_\_\_\_\_

Social Security Number \_\_\_\_\_

Beginning date of approved leave of absence \_\_\_\_\_

Ending date of approved leave of absence \_\_\_\_\_

My first day of resumed employment will be \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**This form will facilitate the reactivation of the above named employee's salary and benefits.**

1. **If the leave was for less than five months**, you must complete this form and return it to the Human Resources Department no later than one week before returning from leave.
2. **If the leave was for more than six months**, you must complete this form and return it to the Human Resources Department no later than one week before returning from leave.

**This form must be submitted one week prior to returning to work.**