

ELMWOOD PARK PUBLIC SCHOOLS

OFFICE OF HUMAN RESOURCES

Cheryl Proto
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Return from Leave of Absence

Name: _____

Date leave was approved through: _____

I will be returning from my (check one)

() Family Leave () Maternity Leave () Military Leave () Medical Leave

I was board approved to return to my position on: _____
Date

Signature

Date

Returning this form to **Human Resources and Payroll** will insure proper class coverage and is required in order to reinstate your pay.

Human Resources: cproto@epps.org

Payroll: morinm@epps.org