



# CHECKLIST FOR RETURN FROM LEAVE

(After employee returns to work from a paid leave of absence)

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>
<b>Department</b>		

### PREREQUISITE

**Note:** For medical leaves only

Return to Work Order

Modified Duty Order (if temporary reduction of work hours)

### REQUIRED

[Job Action Request \(JAR\)](#)

### REQUIRED (IF BENEFITS WAIVED TO COBRA)

**Note:** Proof of dependent status will be required for newly enrolled dependents. Send the following forms to EBSD-HR.

[Premium Deduction Election](#)

[Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage](#)

[Dental Plan Enrollment/Change Form](#)

[Vision Plan Enrollment/Change Form](#)

[Medical Plan Enrollment/Change Form](#)

**NOTE: IF OPTED OUT PRIOR TO LEAVE OPT-OUT WILL CONTINUE WITHOUT FURTHER ACTION**

### REQUIRED (IF APPLICABLE)

**Note:** Send the following forms to:

Your department's Human Resources Business Partner

For all HS Departments, the Return to Work Analyst

Modified Duty Order

[Other forms \(if applicable\)](#)

Work restriction document

**Incomplete Packets Will Be Returned**

Distribution: EBSD-Leaves Team (0440)