



JEFFERSON PARISH SCHOOLS
501 Manhattan Blvd, Suite 1200
Harvey, Louisiana 70058
www.jpschools.org

REQUEST FOR REINSTATEMENT FROM LEAVE

THIS FORM IS TO BE COMPLETED BY ALL EMPLOYEES RETURNING FROM ANY TYPE OF LEAVE

SECTION A: TO BE COMPLETED BY EMPLOYEE

Date: _____

Form with fields for: First Name, Last Name, Address, City, State, Zip, Employee Number, Cell Phone, School/Dept., Position (Prior to Leave)

Email Address:

Grid for email address input

I WILL REPORT TO WORK ON _____ (DATE)

ATTACHED IS EVIDENCE THAT I AM RELEASED BY MY PHYSICIAN TO FULL DUTY IN THE FORM OF:

- Checkboxes for: A PHYSICIAN'S STATEMENT FORM OR A NOTE FROM MY PHYSICIAN, EVIDENCE OF COMPLETION OF MILITARY SERVICE, OTHER, PLEASE SPECIFY: _____

Important Note (1): If you went out on Leave without Pay, your deductions are still on file and will resume upon your return to work. If you were on COBRA during your leave, please contact the Benefits Department at (504) 349-8564, within 30 calendar days of your return to reinstate prior benefits.

Important Note (2): Please allow up to 30 business days for your reinstatement to be processed. It may take 2 to 3 pay checks for your regular pay to be reflected in your check.

SIGNATURE OF EMPLOYEE Date SIGNATURE OF PRINCIPAL/DEPARTMENT HEAD Date

SECTION B: TO BE COMPLETED BY HUMAN RESOURCES

COMMENTS: _____

SIGNATURE OF HUMAN RESOURCES ADMINISTRATOR or DESIGNEE /DATE