

**BALDWIN COUNTY BOARD OF EDUCATION
LEAVE-OF-ABSENCE DATE OF RETURN FORM**

PART III

COMPLETE THE DATE OF RETURN

Name _____ EmpNo _____

School/Site _____

Position/Grade/Subject _____

Date Returned _____

By signing below and if applicable, I acknowledge that I have provided the HR office with medical verification certifying that I have been cleared to return to work.

Employee Signature

Date

Principal/Supervising Administrator Signature

Forward to the Office of Human Resources Immediately Upon Return to Work

The Board may require an employee who has taken leave due to medical reasons to provide the Board with a healthcare provider's certification in a form acceptable to the Superintendent in order to return to work.