



Lake Superior State University

Return from Approved Leave of Absence Application

Name _____ Date _____

Department _____

My approved leave of absence which commenced on _____ will be ending on _____ .

Complete one

1. I wish to apply for an extension of this leave from _____ to _____

for the following reason: _____

2. I wish to apply for reinstatement to my former position on _____

if available, or a position of like status and pay. I affirm that I am fit to return to work.

Employee's Signature

Disposition of Request *(check applicable boxes)*

Return from leave approved

Reinstated in former position _____
Title Date

Placed in position of like status and pay _____
Title Date

Placed on lay-off list

Requires physician's release to return to work

Recommendation: Department Head Signature _____ Date

Approval/Disapproval: Appropriate Cabinet Member _____ Date

Approval/Disapproval: President _____ Date