

R-I-T Department of Human Resources Employee Action Form

LEAVE OF ABSENCE – STAFF

Return from Leave

Demographic Information

Name: _____ Employee # _____

Return From Leave Information

Actual First Day Back ___/___/___

Assignment / Salary / Accounting Information

Department Name: _____

Return to Work Pay Rate \$ _____

(Note: If employee is exempt, please state as annual amount as this amount will be divided by 24 to determine the per pay period amount. If non-exempt please state hourly rate)

7/1/___ Salary \$ _____

Additional Information: _____

Account # _____ . _____ . _____ . _____ . _____ . _____ %
 Account # _____ . _____ . _____ . _____ . _____ . _____ %
 Account # _____ . _____ . _____ . _____ . _____ . _____ %
 Account # _____ . _____ . _____ . _____ . _____ . _____ %
 Account # _____ . _____ . _____ . _____ . _____ . _____ %
 Account # _____ . _____ . _____ . _____ . _____ . _____ %

Signatures (Sign and Print Name)

Completed By: Print Name		Ext.:	Date:
1 st Approval (required) Print Name			Date:
2 nd Approval (optional) Print Name			Date:
3 rd Approval (optional) Print Name			Date:
Required Signatures - Grants Only (Project Numbers that start with 3, A-F or P)			
Principal Investigator Print Name		Ext.	Date:
Accounting Representative Print Name			