

Format No. : _____
Rev. No. : _____
Rev. Date. : _____



RETURN TO WORK FORM

EMPLOYEE NAME _____ EMP. CODE _____

DESIGNATION _____ DEPARTMENT _____

PROCESS HANDLE _____

DATE OF RETURN _____ NOS. OF DAYS ABSENT _____

REASON FOR ABSENT _____

MANAGER COMMENTS _____

DOCUMENT / FILE / BILLS / OTHERS ATTACHED _____

ATTACHMENT DESCRIPTION _____

SIGNED BY EMPLOYEE _____

SIGN BY DEPARTMENT HEAD _____

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