|  |
| --- |
| **To be completed by Employee** |
| **Last Name** | **First Name** | **Lawson Number** | **School or Department** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| **To be completed by Supervisor/Designee** |
| I hereby certify that the above named employee returned to duty from leave on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).  |
|  |  |
| **Supervisor/Designee Signature** | **Date** |

**IMPORTANT NOTE:** This form confirms that you did return to work and the date of your return. Both forms must be returned to HR Absence Management in order for you to be re-activated in the payroll system.

**It is the responsibility of the employee to return all forms.**

**Please return completed form to:**

|  |  |
| --- | --- |
| Keisha Grier – kgrier@atlanta.k12.ga.us | Comenthia Williams – cwilliams@atlanta.k12.ga.us |
| ***Elementary*** *- Carver, Mays, South Atlanta, Grady, Jackson & Therrell Clusters;* ***Middle*** *– Brown, Bunche, Harper-Archer, Inman, King, Sylvan;* ***CLL*** *- Finance, Deputy Superintendent Office, Student Services, C&I, Transportation, Board Office, Nutrition & Security* | ***Elementary*** *- Douglass, N. Atlanta & Washington Clusters;* ***Middle*** *– Coretta Scott King, Long, Price, Sutton, Young; High Schools;* ***CLL*** *– Accountability & IT, Human Resources, Facilities, Communications, Legal, Office of the Superintendent* |

**OR Fax to:**

**404-802-1302**