

# Employee Leave of Absence Return Checklist

Supervisors, upon employees return, Fill out the employee's name, division, transfer question (if yes, complete & attach transfer form) and return date, then send employee with this form to HR prior to employee returning to work.

Employee's Name:		
<input type="checkbox"/> JMAC Resources <input type="checkbox"/> IHD Liquids <input type="checkbox"/> JCO <input type="checkbox"/> WDW	<input type="checkbox"/> JMAC Ready-Mix <input type="checkbox"/> IHD Solids <input type="checkbox"/> Pronghorn, LLC <input type="checkbox"/> _____	
Will this employee be transferring to new position/company/division? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes fill out <b>Transfer Form</b> )		
Dates of Leave		
Date Leave Started	Return Date	Total # leave days

HR after complete, forward to the accounting supervisor and payroll department, along with any documents pertinent to said leave (see below). Once complete, attach this form and all other documents to employee's original leave of absence request and file employees personnel file (unless leave is Medical or FMLA, then file in the orange medical file).

**Will this employee**

**For leave is less than 30 days in duration**

- HR contact employee and have them fill out **Employee Change Form** if personal info has changed
- If medical or FMLA leave, attach copy of release to return to work/doctor's note.
- If employee did not retain spot in housing, send to housing director

**For leave is more than 30 days in duration**

- Send employee to safety coordinator for drug/alcohol screening

**Upon return of clean drug/alcohol screen results:**

- HR contact employee and have them fill out **Employee Change Form** if personal info has changed
- If medical or FMLA leave, attach copy of release to return to work/doctor's note.
- If employee did not retain spot in housing, send to housing director
- Have employee fill out new First Choice Health Form

Emailed to Accounting Supervisor / Payroll to inform of employees return:
Name of person filling out this form (print):
Signature: