

REQUEST FOR REINSTATEMENT

DIVISION NAME/CODE: _____

STATION NAME: _____

(School for Secondary/District for Elementary)

STATION CODE: _____

EMPLOYEE NUMBER: _____

COMPLETE NAME: _____

DATE OF APPROVED REINSTATEMENT: _____

ATTACH WORKING PAPERS/REQUIREMENTS:

- 1. ORIGINAL COPY OF REINSTATMENT DULY APPROVED BY SUPERINTENDNET
- 2. SPECIAL ORDER SIGNED BY THE SUPERINTENDENT (PSU FORM 109-A)
- 3. MEDICAL CERT./CS FORM 41 ORIG. (If reinstatement is from Maternity Leave.)
- 4. MEDICAL CERT./CS FORM 211 ORIG. (If reinstatement is from SL, VL, & others.)

1. INCLUSIVE PERIOD OF LEAVE: _____

2. MARK X (KIND OF LEAVE):

S/L	_____	M/L
VL	_____	P/L
Personal leave		OTHERS

3. PLEASE SPECIFY WITH PAY OR WITHOUT PAY

4. PAYCHECK RECEIVED (INDICATE MONTH) _____

5. PAYCHECK RETURNED (INDICATE MONTH) _____

PSU REMARKS:

Certified Correct: