

**TEAM MEMBER NOTIFICATION TO RETURN FROM FAMILY LEAVE**

Team Member Name \_\_\_\_\_ Team Member ID \_\_\_\_\_  
Last, First, Middle Initial (Please Print)

Team Member Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

A team member on a Family Care Leave due to a family member's serious medical condition must present this release to HR Leave Administration **before** he/she returns to work. A team member may not work without this release.

Date Team Member Will Return from Leave: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**Upload completed form in LeavePro or call (704) 631-1500 with questions.**