

TEAMMATE NOTIFICATION TO RETURN FROM FAMILY CARE LEAVE

Teammate Name: _____ Teammate ID: _____
Last, First, Middle Initial (Please Print)

Teammate Date of Birth: ____/____/____

A teammate 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 teammate may not work without this release.

Date Teammate Will Return from Leave: _____

Signature: _____ Date: _____ Phone #: _____

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