

**WILLINGBORO PUBLIC SCHOOLS  
HUMAN RESOURCES DEPARTMENT**

**Return from Leave of Absence**

Name: \_\_\_\_\_

Date leave was approved through: \_\_\_\_\_

I will be returning from my (check one)

Family Leave    Maternity Leave    Military Leave    Medical Leave

I would like to return to my position on \_\_\_\_\_.  
(Date)

You can notify me at \_\_\_\_\_ if there are any questions.  
(Your Phone Number)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Returning this form to Human Resources will insure proper class coverage and is required in order to  
reinstate your pay.

Willingboro Public Schools, Human Resource Office  
440 Beverly-Rancocas Road, Willingboro, NJ 08046  
609-835-8676