



# UNIVERSITY OF EASTERN AFRICA, BARATON

## REPORTING/RETURN TO WORK FORM

### Section A

(to be filled by the worker)

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date \_\_\_\_\_ Department or work Station: \_\_\_\_\_

Date of Assignment of Duty if new worker: \_\_\_\_\_

Type of leave (tick one) Annual  Maternity  Paternity  Compassionate   
Leave of Absence  Sick Leave  Others

If other state \_\_\_\_\_

Date of Reporting back \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B

(to be filled by the Department Head/Supervisor)

Date when the leave started \_\_\_\_\_ Date when the leave ended \_\_\_\_\_

Date the worker reported back from Leave \_\_\_\_\_

Date the worker started working if new: \_\_\_\_\_

Department Chairperson Comments: \_\_\_\_\_

Department Chairperson Approval (Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date/Stamp: \_\_\_\_\_

### Section C

(Official use only)

Human Resource Manager:

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

**NB:** This form must be filled by ALL Employees upon Return from leave/Reporting to work – and should be returned to HR Office dully signed before employee reports/resumes.