PAID FAMILY AND MEDICAL LEAVE (PFML)
REINSTATEMENT & RETURN TO WORK AGREEMENT

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

JOB TITLE (PRE-LEAVE)

DEPARTMENT / DIVISION

LEAVE DETAILS

LEAVE START DATE

END DATE OF LEAVE

TYPE OF PFML LEAVE TAKEN

☐ Medical Leave (Own Serious Health Condition)

☐ Family Leave (Bonding / Care for Family Member / Military)

REINSTATEMENT & POSITION DETAILS

In accordance with applicable Paid Family and Medical Leave regulations, the employee is being reinstated to their previous position or an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment.

REINSTATEMENT DATE (EFFECTIVE DATE)

REINSTATED JOB TITLE

REPORTING SUPERVISOR

RATE OF PAY / SALARY

ACCOMMODATIONS AND WORK MODIFICATIONS (IF APPLICABLE)

Identify any temporary or permanent accommodations, modified duties, or transitional schedules agreed upon for the return to work:

ACKNOWLEDGMENT & SIGNATURES

By signing below, the employer and employee acknowledge that the return to work and reinstatement terms described above are accurate and in compliance with company policy and applicable Paid Family and Medical Leave laws.

Employee Signature

Date

Authorized Employer Representative Signature

Date