



INTENT TO RETURN TO WORK FORM

Please return completed form to: Prince George's County Public Schools,
ATTN: Absence Management, 14201 School Lane, Room 132. Upper Marlboro, MD 20772.
Phone: 301-952-6200 E-mail: absence.mgmt@pgcps.org

Employee's Name _____

EIN: _____

Position Name: _____

Work Organization: _____

Date you plan to return to work: _____

Upon my return, I attest I am able to return to my normal work duties. I understand if my position or work location is no longer available, I will need to contact my HR representative prior to returning to work to obtain my new placement information.

Employee's Signature: _____

Date : _____

Please submit this form ten (10) business day prior to the end of your leave of absence or by the end date provided on your approval letter. You are responsible for emailing this form to Absence management. If this form is not submitted, you will be charged unpaid leave and your case will be referred to Employee Labor Relations for disciplinary action.

Employee Assistance Program: To demonstrate its commitment to reducing employee stress, turnover and health care costs, PGCPS provides an Employee Assistance Program (EAP) for all full-time employees. EAP is a confidential and professional consulting service that is available 24 hours a day and 7 days a week. If you are in need of EAP services, they can be reached at 1-800-346-0110 or via the web at [Inova Employee Assistance Program](#) Username: PGCPS Password: PRINCE