

*Child and Family Development Reactivation Form 2020*

*Return to Work Verification*

Please Complete the Following:

SSN: \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_ (Entire Number)

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

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

First Day Back to Work (regular schedule): \_\_\_/ \_\_\_\_/ 2020

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All of the above information is required to report to the State of Michigan for your employment Status.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/ 2020

This form is to be sent immediately upon completion to:

Julie McNally, Human Resources Administrative Specialist

5/20
P:\Head Start\APOT\APOT Documents\2020-2021 APOT Documents\Child and family Development Reactivation Form