

*Child and Family Development Reactivation Form 2021*

*Return to Work Verification*

Please Complete the Following:

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

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

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

First Day Back to Work (regular schedule): \_\_\_/ \_\_\_\_/ 2021

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

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

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

\*\*\* Regular schedule is your first regularly scheduled day back to work. This does not include time worked due to trainings, etc. prior to your regularly scheduled return date.

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

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

Date: \_\_\_\_/\_\_\_\_/ 2021

This form must be sent immediately upon completion to:

Julie McNally, Human Resources Administrative Specialist

5/2021

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