

Child and Family Development Reactivation Form 2023

*Return to Work Verification*

Please Complete the Following:

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

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

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

First Day Back to Work (regular schedule): \_\_\_/ \_\_\_\_/ 2023

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

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

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

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

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

Date: \_\_\_\_/\_\_\_\_/ 2023

This form is to be sent immediately upon completion to:

Julie McNally, Human Resources Administrative Specialist

5/9/2023

EHS-HS Team\APOT\APOT Documents\2023-2024 APOT Documents\Child and family Development Reactivation Form