

FORM NO.

R L



DATE RECEIVED

PAYROLL

### RETURN FROM EXTENDED LEAVE FORM

BOARD NO. 

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 BOARD NAME \_\_\_\_\_

SCHOOL NO. 

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 SCHOOL NAME \_\_\_\_\_

SOCIAL INSURANCE NUMBER 

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 SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_ INITIAL \_\_\_\_\_

DATE RETURNED

YY	MM	DD

NOTE: TERMINATION FORM MUST BE SUPPLIED TO TERMINATE SUBSTITUTE REPLACEMENT TEACHER

DATE \_\_\_\_\_ BOARD AUTHORIZING SIGNATURE \_\_\_\_\_  
YY / MM / DD

**DEPARTMENT OF EDUCATION COPY**