

**CENTRAL PHILIPPINE UNIVERSITY**

Jaro, Iloilo City, Philippines  
Human Resource Development Office

**RETURN TO WORK NOTICE**

My approved leave of absence will end on \_\_\_\_\_ and in this connection, I am ready to return to work pending the approval of the University President effective\_\_\_\_\_.

Type of Leave: \_\_\_\_\_

Number of Days: \_\_\_\_\_

Reason: \_\_\_\_\_

*Note:*

1. For sick leave, please attach a doctor's certificate.
2. Process the notice **five (5) days** before the effectivity date of return to work.

\_\_\_\_\_  
Signature over Printed Name of Employee

**Favorably Endorsed:**

\_\_\_\_\_  
Unit/ Department Head/ Date

**Recommending Approval:**

\_\_\_\_\_  
HRD Director/ Date

**Approved/ Disapproved:**

\_\_\_\_\_  
University President/ Date

**HRD COPY**

CPU-HRD-Form 28  
Rev 01 Effectivity: June 1, 2024

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Unit/ Department Head/ Date

**Recommending Approval:**

\_\_\_\_\_  
HRD Director/ Date

**Approved/ Disapproved:**

\_\_\_\_\_  
University President/ Date

**EMPLOYEE COPY**

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**Favorably Endorsed:**

\_\_\_\_\_  
Unit/ Department Head/ Date

**Recommending Approval:**

\_\_\_\_\_  
HRD Director/ Date

**Approved/ Disapproved:**

\_\_\_\_\_  
University President/ Date

**PAYROLL COPY**

CPU-HRD-Form 28  
Rev 01 Effectivity: June 1, 2024