

REPORT FORM TO RESUME DUTY

Date _____

To The Director of Office of Human Resources Management
through Department Heads / Immediate Supervisors

I, _____ AU Personnel Code _____

Position _____ Office/Faculty _____

Department _____

Has taken leave of absence for the reason of: _____

from _____ to _____ total _____ days

Now the period of absence has expired and therefore, I would like to report for resumption of my duties effective from _____ onwards.

Requested by _____
(_____)

Approved by

(_____)

Immediate Supervisor

Approved by

(_____)

Dean / Director

Approved by

(_____)

Vice President

Approved by

(_____)

President

**For lecturer who have taken authorized leave and just completed higher pursued degrees
(either through the university granted scholarship or personal funds)**

are requested to submit

- Newly earned degrees documents or certificate.
- Written statements testifying how or in what specific ways they will utilize their gained knowledge in improving their duties and any contributions towards further development of the university.