Date (Month-Day-Year)

Recipient

Human Resources Department

Address of your school board

**Notice of return to work**

Dear Sir or Madam:

Since my leave of absence without salary ends on \_\_\_\_\_\_\_\_\_\_\_\_\_\_, this is to inform you that, in accordance with clause 5-13.67. I intend to return to work on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Best regards,

Signature

Name

Address

c. c. : Local Union