



**CHRISTIAN
BROTHERS**
SERVICES

Employee Benefit Trust
1205 Windham Parkway
Romeoville, IL 60446
800.807.9460 / 630.378.3005 fax

Return From Leave of Absence - Disability

Please print using black ink and keep a copy for your records.

Employer Name:		Location Number:	
Name of Employee:		Social Security #:	
Returning From:	<input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Family Medical Leave of Absence (FMLA)		
Return to Work Date:		Number of Hours Working per Week:	
Annual Salary:			

Signature of Employer:		Date Signed:	
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