



Return From V-TIME Form

I. Personal Information

Employee Name:	
Employee ID:	Employee Email Address:
Telephone Extension:	Department:

II. Return to Regular Employment

V-time End Date	Return to Regular Employment Start Date
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II. Job/Salary/Position Data

Return to Employment job status:	Employee Type:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Other
Position Number:	Department ID:

Note: If returning to a position other than the original position prior to the start of your v-time schedule, please contact the Human Resource Department.

APPROVAL

Manager Print Name _____ Manager Signature _____ Date _____

VP/Dean Print Name _____ VP/Dean Signature _____ Date _____