

## ANNIVERSARY CHANGE DUE TO LEAVE OF ABSENCE

This Anniversary Change Form must be completed by the Department after an employee returns from a leave of absence exceeding fifteen (15) calendar days. Upon completion submit to Human Resources & Risk Management Department for approval.

Employee Name	Social Security Number	
Employee Status	Department	Employee #
<input type="checkbox"/> Probation <input type="checkbox"/> Reg. Employee		

### PERIOD OF LEAVE OF ABSENCE

Date Leave of Absence Begins	Date Leave of Absence Ends	

**FMLA LEAVE** \* Please submit proper documentation (LOA form, FMLA certification; etc).

FMLA Beginning Date	FMLA Ending Date	

**NON-FMLA LEAVE** \* Please submit payroll report for the Non-FMLA period

Beginning Date	Ending Date	

Previous Anniversary Date	No. of Days/Months Merit to be Extended

New Anniversary Date

### DEPARTMENT

Form Completed By			
Name	Title	Telephone	Date

Human Resources & Risk Management Department Only	
Approved by	Date