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## Return Confirmation Form

PLEASE FILL OUT AND SEND THIS FORM THE SAME DAY THE EMPLOYEE  
RETURNS TO WORK OR PAY STATUS

1. Employee's Name: \_\_\_\_\_

2. Department: \_\_\_\_\_

3. Date Returned to Pay Status: \_\_\_\_\_

Mail To: Emily Emanuel (x4263)  
Disability Benefits, Human Resources Department

Or FAX To: Ext: 8645

Questions? E-Mail: [Emily.Emanuel@hr.ucsb.edu](mailto:Emily.Emanuel@hr.ucsb.edu)

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Please mark as **Confidential**

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