



# Jamaica Information Service

## LEAVE RESUMPTION ADVICE FORM

To: Bernita Locke,  
Director Human Resources

From: \_\_\_\_\_

Dept.: \_\_\_\_\_

Date: \_\_\_\_\_  
YEAR/MONTH/DATE

This is to advise that I \_\_\_\_\_ resumed  
NAME OF EMPLOYEE

work on \_\_\_\_\_ having been on \_\_\_\_\_  
RESUMPTION DATE # DAYS

days sick / vacation leave from \_\_\_\_\_  
START DATE

to \_\_\_\_\_.  
END DATE

.....  
Signature

.....  
Date