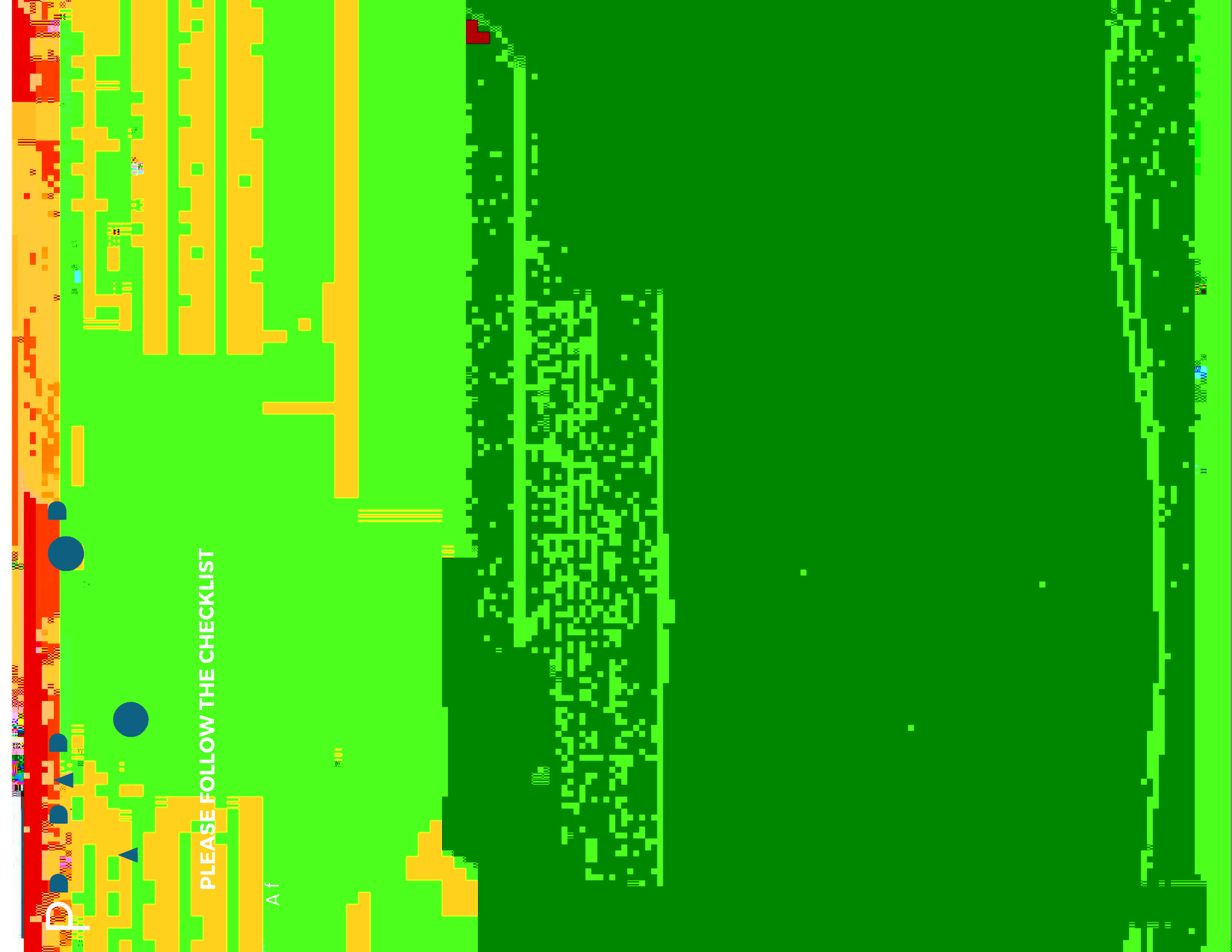


P

PLEASE FOLLOW THE CHECKLIST

A f





CHICAGO STATE UNIVERSITY

Anticipated Return to Work Date: _____

Supervisor Name: _____

Supervisor Email Address: _____

Employee Signature & Date: _____



[WHD website](#)

Employee Name: e.e

oe ets
