



Godley Independent School District

Return to Work Date / Payroll Option Form

Please complete this form at least 15 days after child birth/adoption

Employee Name: _____ Position: _____

Campus: _____ Principal/Supervisor: _____

My baby was born: _____

Return to work date: _____

Payroll:

Months

<u>Deduct Paycheck out:</u>	_____	One paycheck (if possible)	_____
	_____	Two paychecks (if possible)	_____
	_____	Three paychecks (if possible)	_____
	_____	Four paychecks (if possible)	_____

Employee Signature

Date

Principal/Supervisor

Date

HR/Payroll Signature

Date

Don't forget that you only have 30 days to add your baby to your health insurance!!