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|  | \\AHSFS01\Users\thomas.keeling\Desktop\Private & Confidential\Athletico Branding\Logo_White\ATH_NEW_LOGO_WHITE_PT_NOTAG.png |  | **Employee Request for Reinstatement to a New Position**Letter Template |

**Attention Managers:**

The attached letter template is intended for use when an employee has applied for and accepted a new position immediately following return from an approved leave of absence.

Generally, an employee is required to be reinstated to their original position following a protected leave of absence. If the employee has requested to return to a new position following leave, please review the below template with your HR Business Partner to ensure the appropriate documentation is completed and stored in the employee file. All employment changes must be discussed with and approved by the HR Business Partner.

Please contact your HR Business Partner with any questions.

**Best,**

**The Athletico Leave Department**

**Athletico Physical Therapy**

2122 York Road, Suite 300, Oak Brook, IL 60523

P: 630.575.6280

Leaves@athletico.com



DATE

Employee Name

Email

**Re: Employee Request for Reinstatement to New Position**

Dear Employee Name:

This letter is in response to your request for reinstatement to a new position following your return from leave of absence. In accordance with applicable law, the Company has offered you reinstatement to your original position of Position Title, working #### hours per week, which you have declined.

Per your explicit request, after close review with management, the Company has agreed to accept your request for reinstatement to the following position Position Title, working #### hours per week, effective the date of return to work on DATE.

If you agree to the above statement, please sign below and return this form to your manager or Human Resources Business Partner. Please feel welcome to reach out if you have any questions.

|  |  |  |
| --- | --- | --- |
| Employee Signature |  | Date Signed (mm/dd/yyyy) |

**Please note,** if you will be accepting a position with a change of standard hours, please be sure to review the enrollment guide for more information regarding benefits eligibility. The enrollment guide can be found on the BenePortal at <https://www.athleticobenefits.com/>. If you experience a change in eligibility, you may receive an opportunity to make enrollment election changes. Be sure to review and complete your enrollment event by the deadline provided in myADP. For questions regarding benefits eligibility, please contact Benefits@Athletico.com.

Sincerely,

Athletico Human Resources

**Athletico Physical Therapy**

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