



**NATIONAL CENTER FOR MENTAL HEALTH  
HUMAN RESOURCE MANAGEMENT OFFICE  
REQUEST FOR DUTY RESUMPTION HOSPITAL ORDER**

*HRMO Duty  
Resumption  
Rev. 2  
14 Aug 2024*

Please write legibly or in PRINT, and put a check mark (✓) on the appropriate boxes.

(LAST NAME)	(FIRST NAME)	(MIDDLE INITIAL)

Position					
Service	<input type="checkbox"/> Medical	<input type="checkbox"/> Ancillary	<input type="checkbox"/> Nursing	<input type="checkbox"/> Finance	<input type="checkbox"/> HOPSS
Area of Assignment					
Address					
Contact Number			Email Address		

RESUMPTION DETAILS	
Please be informed that the above named employee has returned from:	
<input type="checkbox"/> Vacation Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Rehabilitation Leave <input type="checkbox"/> MC25 <input type="checkbox"/> Others, please specify: _____	
Date of approved leave: from _____ to _____	
Date of resumption duty:	
<input type="checkbox"/> Physically fit to work	

\_\_\_\_\_  
**EMPLOYEE'S SIGNATURE OVER PRINTED NAME**

**RECOMMENDING APPROVAL:**

\_\_\_\_\_  
**Immediate Supervisor**  
(Signature Over Printed Name)

\_\_\_\_\_  
**Section Chief / Authorized Representatives**  
(Signature Over Printed Name)

**APPROVED BY:**

\_\_\_\_\_  
**Chief of Service**