**LETTER OF REINSTATEMENT FORM**

*(Date)*

**President**

This University

Sir:

Greetings!

Please accept this letter as a formal notice of my reinstatement to my position as

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the

effective this in relation to the completion or expiration of my

Attached herewith are the requirements for my reinstatement as verified by the OHRDM.

(*Please check the applicable requirements*)

**SCHOLARSHIP SABBATICAL LEAVE**

Official Transcript of Records

Diploma

Thesis/Dissertation

***(Rest and Recreation)***

Medical Clearance

**MAGNA CARTA LEAVE FOR WOMEN**

**/ MATERNITY LEAVE**

**SABBATICAL LEAVE** Medical Clearance

***(With Output)***

Research Output **REHABILITATION LEAVE** Book Medical Clearance Extension Report

Creative Work Output **LEAVE WITHOUT PAY**

Others:

***(One Semester and above)***

Medical Clearance

**OTHERS**

Thank you!

Very Respectfully,

 **Recommending Approval:**

Dean/Director VP,

 **Approved:**

President