

# **COOPERATIVE EDUCATION PROGRAM**

## **Return to Duty**

**In order to receive your first paycheck on time after returning from Leave Without Pay, please do the following on your day of return:**

- 1. Go to the Guardhouse (building 9) and pick up your badge.** (Be sure to explain that you left it there prior to going on Leave Without Pay, and that you are now returning to duty.)
  
- 2. Report to the Student Programs Office, Building 1, Room 231.**
  - a. Submit copy of your official transcript. If you do not bring your official transcript with you, please make arrangements to have it delivered to the Student Programs office within 4 weeks of returning to duty.
  
- 3. Report to your Manager.**
  
- 4. Report to your work site.**

TO: Co-op Student  
FROM: Student Programs Office  
SUBJECT: Return to Duty

It is your responsibility to notify your Supervisor, Administrative Officer/Office Secretary and the Student Programs Office at Goddard Space Flight Center of your plans to return to work. Please fill in the appropriate information below and fax this form to the Student Programs Office on 301-286-0845 or return it to the address given below at least **ONE MONTH in advance** of your expected return. **You must also register with the Co-op Office at your school and have the Coordinator sign this form.** As a courtesy, please send your Supervisor and Administrative Officer a copy of your notice.

NASA/Goddard Space Flight Center  
Code 112, Attn.: Student Programs Office  
Greenbelt, MD 20771

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1. I expect to return to work at GSFC on \_\_\_\_\_
  2. I will have a cumulative total of \_\_\_\_\_ semester hours toward my degree.
  3. \_\_\_\_\_ I will bring a copy of my official transcript when I report to duty.  
\_\_\_\_\_ I have ordered a copy of my official transcript to be sent to the Student Programs Office. (Check appropriate one).
  4. I plan to DRIVE \_\_\_\_\_ / FLY \_\_\_\_\_ back to GSFC. (If you plan to fly, please indicate all travel information (date, time, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

University Co-op Coordinator's Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

University: \_\_\_\_\_ Telephone: \_\_\_\_\_