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STATE OF WEST VIRGINIA
Board of Funeral Service Examiners
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Charleston, WV 25301

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RETIREE RETURN TO WORK FORM

All information must be completed & submitted along with your written request and a check or money order for $50.00. This form will allow you to work for **no more than six (6) consecutive months** covering maternity leave, illness, death, etc.. You will be notified of the approval or denial of this request. You cannot work until approved.

FD NUMBER _____ EM NUMBER _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

EMPLOYER: _____

LICENSEE-IN-CHARGE: _____

EMPLOYER ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

TYPE OF COVERAGE: _____

DATES OF COVERAGE: _____

APPROVAL DATE: _____

DENIAL DATE: _____