

Establishing Reemployment Lists

California Department of Human Resources
State of California

1. TO: California Department of Human Resources
1515 S Street, North Building, Suite 500
Sacramento, CA 95811-7258

DATE:

FROM: Name:

Department:

Phone Number:

2. Employee to be placed on list

Name: Social Security #:

Mailing Address: Phone Number:

3. Class title (Class leaving only)	Class Code	Seniority Score	Tie Score Seq.

4. Type of Reemployment Lists (Check the Appropriate Boxes)

- (C) SRL Subdivision (F) DRL Department (H) GRL All Departments

Department:

5. Effective date if reemployment list eligibility

6. Reemployment list time base eligibility Full Time Part Time and Intermittent Only

7. Type of action placing employee on list:

Mandatory Placement

- S30 Termination 1997.11 A10 Demotion in Lieu of Termination 1997.11 A11 Involuntary Reassignment 1997.8 A03 CEA 19889.3

Permissive Placement

- S02 In Lay Off Situation S01 Resignation 18903-04 A02 Voluntary Demotion 18903-04 A02 Transfer-Same Class A02 Transfer-Different Class
- S02 In Lieu of Involuntary Transfer S70 Retired in Lieu of Layoff

State Personnel Board Placement

- 19253.5 19050.7 19141 19062 Rule 548.153

8. Employee Conditions of Employment Preference

- Permanent Full Time Intermittent Temporary Part Time Inactive

9. Location(s):