

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 19997.11 ☐ A10 Demotion in Lieu of Termination 19997.11 ☐ A11 Involuntary Reassignment 19997.8 ☐ 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):

Signature of Originator
CalHR 016

Date sent to CalHR