



State of Connecticut Human Resources
**Agency Certification of Employee Eligibility to Participate
 In the Reemployment and SEBAC Placement and Training Programs Form**

Form #: CT-HR-1
 Revision Date: 2/2010

Instructions: The agency human resources representative and the employee must complete and review for accuracy all information requested on pages 1-8 of this form. The following documents must accompany this completed form:

- Formal layoff notice
- Notice of nonrenewable (UCPEA and UHP Bargaining Unit members only)
- Updated PLD-1
- Resume (optional)

Send completed form with all attachments via FAX to 860-713-7469 or hand-deliver to 165 Capitol Avenue – Room 404, Hartford – Attn: Reemployment/SEBAC Unit.

GENERAL EMPLOYEE INFORMATION

Employee's Name First: _____ MI: _____ Last: _____
This should be identical to the employee's name in Core-CT records

Social Security Number _____ - _____ - _____ Employee ID: _____

Employee Home Address No. & Street & Apt. # (if any): _____
 City: _____ State: _____ Zip Code: _____

Mailing Address, if different from Home Address _____
 City: _____ State: _____ Zip Code: _____

Phone Number(s) Home: (_____) _____ - _____ Cell: (_____) - _____
Area Code required *Area Code required*

Home E-Mail Address _____

AGENCY AND CORE-CT TRANSACTION INFORMATION

Agency Name: _____ APS Agency Code: _____

Transaction Type Layoff Demotion in lieu of Layoff **Current Service Status** Classified Unclassified
(Check One) *(Check One)*

Effective Date of Layoff/Demotion ___/___/___ **Effective Date of Eligibility Expiration** ___/___/___

Class Title at Time of Layoff/Demotion _____

Job Code: _____ Salary Grade/Step: _____ / _____ Bargaining Unit: _____
 Date Working Test Period Completed in this Job Class ___/___/___
 Work Location at Time of Layoff/Demotion (Town): _____

If demoted, class title demoted to _____
 Job Code: _____ Salary Grade/Step: _____ / _____ Bargaining Unit: _____

Seniority (for Reemployment purposes) as of Effective Date of Layoff/Demotion _____ / _____ / _____
YY MM DD

Seniority Type (Check One): Contractual State Statutory State Other

Employment Status at Time of Layoff/Demotion Full-time Part-time – *If part-time, # hours per week:* _____

Agency Head or Designee Signature: _____ **Date:** _____

Employee's Signature: _____ **Date:** _____

Employee's Name _____

SSN: _____

Instructions for Agency Representative: This page is to be completed by the agency human resources representative.

Effective (date) _____, the above-referenced employee is eligible to participate in the SEBAC Placement and Training Program because (check one reason in each section below):

SECTION 1

- _____ S/he is a permanent state employee in the classified service; or
- _____ S/he is a trainee in the classified service who has completed six months of continuous service in his/her traineeship; or
- _____ Other (explain): _____

AND

SECTION 2

- _____ S/he has waived all "in lieu of layoff" option(s) available to him/her under the applicable collective bargaining agreement or statute; or
- _____ S/he has no "in lieu of layoff" option(s) available under the applicable collective bargaining agreement or statute; or
- _____ S/he has taken a demotion "in lieu of layoff"; or
- _____ Other (explain): _____

Agency Head or Designee Signature: _____ Date: _____

Office Phone Number: (_____) _____ - _____ Office FAX Number: (_____) _____ - _____

For DAS Use Only

Date form received by DAS: _____

The following documents must be generated and attached to this package:

- _____ APS history
- _____ CSEIS history (if applicable)
- _____ Microfiche history (if applicable)
- _____ Examination history

Is the employee eligible for reemployment rights? _____ Yes _____ No

Signature: _____ Date reemployment rights entered: _____

Is the employee eligible for SEBAC rights? _____ Yes _____ No

Signature: _____ Date SEBAC rights entered: _____

Employee's Name _____

SSN: _____

RE-EMPLOYMENT DATA FOR LAYOFF OR DEMOTION IN LIEU OF LAYOFF

Instructions for Agency Representative: Complete the information on this and the following page. Then have the employee review this information for accuracy and indicate if s/he would like his/her rights activated for each job class listed.

Instructions for the Employee: The following is a list of classes for which you may be eligible to have reemployment rights. It includes the class in which you had permanent status prior to your Layoff/Demotion, and any classes deemed comparable to this class and any classes in which you previously acquired permanent status. You must have completed a working test period in your layoff class and previous status classes to qualify for reemployment rights in those classes. (The classes listed under the category of "classes comparable to previous status classes" only applies to SEBAC rights.) Review the list for accuracy and write "yes" or "no" next to each job classification to specify whether or not you want your rights for the class to be activated, if appropriate. If you write "no" or leave the space blank, you will have no rights to jobs in the class.

Class from which displaced or laid off:	CLASS CODE	SALARY GRADE	EMPLOYEE YES/NO	DAS USE
_____	_____	_____	_____	_____
Comparable classes:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Agency Head or Designee Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Employee's Name _____

SSN: _____

Instructions for the Employee: Complete this and the following two pages carefully as your choices will affect the employment opportunities you will be considered for.

A. The following is a list of occupational areas. Please place a check mark next to the occupational area(s) that you would consider accepting jobs in, provided that you meet the minimum qualifications. If you do not check an occupational area, you **WILL NOT** be considered for vacancies in the area. (This section only applies to SEBAC rights, if applicable.)

Occupational Groups

- | | |
|--|---|
| <input type="checkbox"/> Accounting/Auditing | <input type="checkbox"/> Library and Curatorial Services |
| <input type="checkbox"/> Acquisition/Leasing | <input type="checkbox"/> Management Analysis |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Medical, Dental, Veterinary Medicine |
| <input type="checkbox"/> Budget Program and Control | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Office Equipment Operation |
| <input type="checkbox"/> Clerical/Secretarial | <input type="checkbox"/> Outdoor Recreation |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Parole and Probation |
| <input type="checkbox"/> Dietetics/Nutrition | <input type="checkbox"/> Patient and Inmate Care |
| <input type="checkbox"/> Education | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Employment Security | <input type="checkbox"/> Police-Protective Services |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Psychological Services |
| <input type="checkbox"/> Environmental Security | <input type="checkbox"/> Public Relations and Information |
| <input type="checkbox"/> Food Processing/Service | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> General Administration and Management | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Statistics/Research/Planning |
| <input type="checkbox"/> Inspection-Investigation | <input type="checkbox"/> Stores |
| <input type="checkbox"/> Insurance Programs and Control | <input type="checkbox"/> Tax Programs and Control |
| <input type="checkbox"/> Laboratory/Scientific Services | <input type="checkbox"/> Therapy-(Speech/Physical/Occupational, etc.) |
| <input type="checkbox"/> Labor-Trades, Laundry | <input type="checkbox"/> Trainee Classes (many target areas) |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Training |

B. Do you have a Bachelor's degree? Yes No Major: _____
Do you have a Master's degree? Yes No Major: _____

If yes, would you accept a position as a Trainee such as Connecticut Careers Trainee, Accounting Careers Trainee, Social Worker Trainee, Engineer Intern? Yes No

Please note:

- 1.) Your college degree must be in the appropriate area to be considered for certain trainee positions,
- 2.) A transcript will be required to verify all college degrees and
- 3.) Degrees must be from accredited colleges and universities

Employee's Signature: _____ Date: _____

Employee's Name _____

SSN: _____

C. Place a check mark(s) next to the work schedule(s), shift(s) and type(s) of position(s) you would accept. If you do not check a work schedule, shift or type of position, you WILL NOT be considered for vacancies with those schedules.

WORK SCHEDULE

- Full Time
- Part Time (20 or more hours a week)
- Part Time (less than 20 hours a week)

SHIFT

- Day
- Evening
- Night

TYPE OF POSITION

- Permanent
- Temporary/Durational

D. Review the location map on the next page and indicate which location(s) you will accept employment in. If you do not check a location, you WILL NOT be considered for vacancies in that location.

Employee's Signature: _____ Date: _____

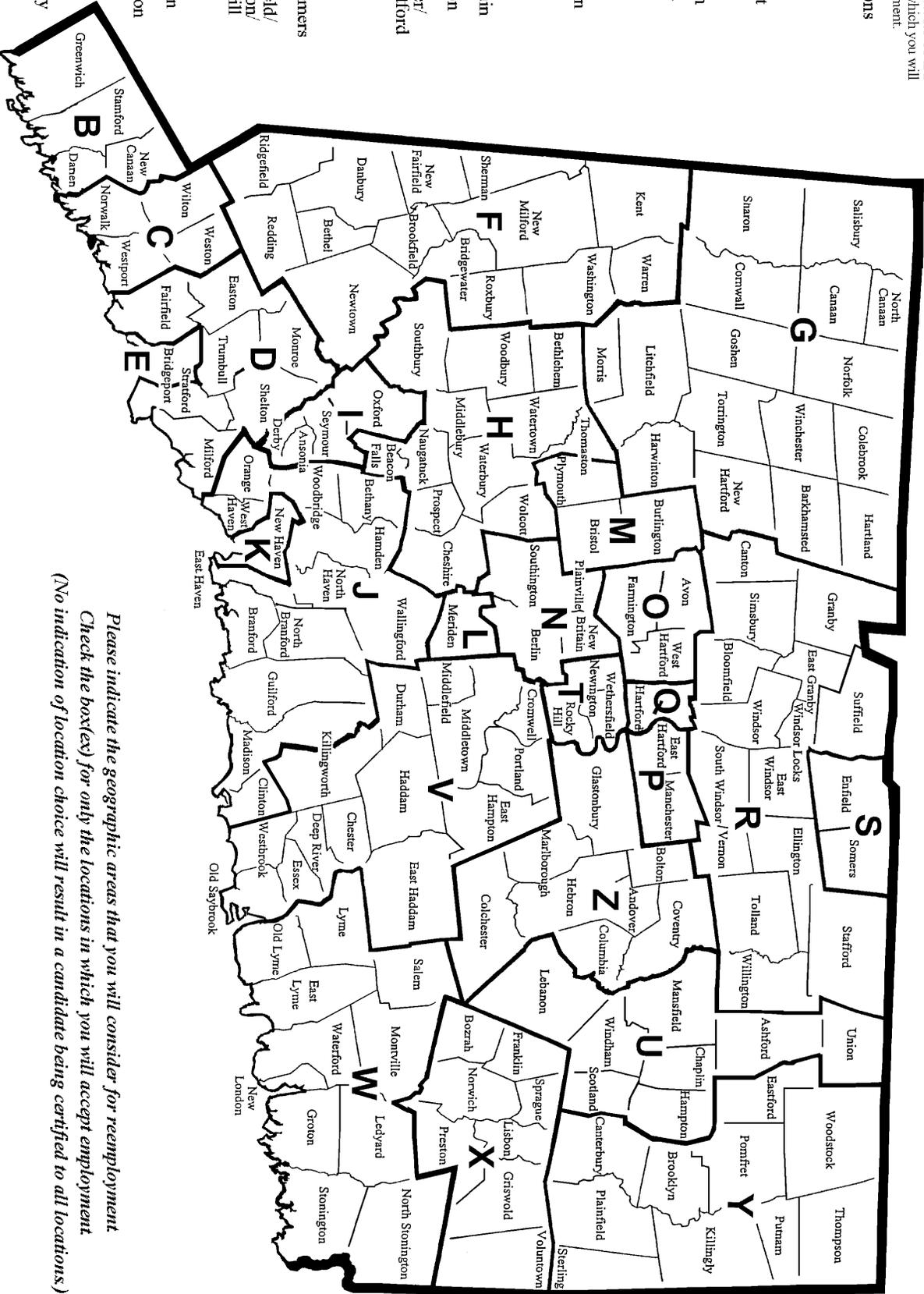
Employee's Name: _____

SSN#: _____

EMPLOYMENT DISTRICTS

Based on the areas indicated by the **DARK** lines on the map, check the box(es) for **ONLY** the district in which you will accept employment.

- A All locations
- B Stamford
- C Norwalk
- D Trumbull
- E Bridgeport
- F Danbury
- G Torrington
- H Waterbury
- I Ansonia
- J Hamden
- K New Haven
- L Meriden
- M Bristol
- N New Britain
- O Farmington
- P Manchester/ East Hartford
- Q Hartford
- R Windsor
- S Enfield/Somers
- T Wethersfield/ Newington/ Rocky Hill
- U Mansfield
- V Middletown
- W New London
- X Norwich
- Y Plainfield
- Z Glastonbury



Please indicate the geographic areas that you will consider for reemployment. Check the box(es) for only the locations in which you will accept employment. (No indication of location choice will result in a candidate being certified to all locations.)

