



DEPARTMENT OF ADMINISTRATIVE SERVICES

165 Capitol Avenue, Hartford, CT 06106-1658

Dear Employee,

The attached CT-HR-1 form is required in order to process your Reemployment and SEBAC rights for employees separated due to layoff OR demoted in lieu of layoff. Completion of this form will place you on the lists based on your preferred job classification, location and employment preferences.

Please follow these instructions to complete the **EMPLOYEE** sections outlined below:

Page 1 – Complete all information under the **GENERAL EMPLOYEE INFORMATION HEADING ONLY** and provide a **SIGNATURE and DATE** at the bottom of the page.

Page 2 – **No action required - AGENCY and DAS Use ONLY**

Pages 3 & 4 – Your HR department may have already completed information on this page, requiring only that you indicate whether you want (“YES”) or do not want (“NO”) your rights for specified classes to be activated.

- **If the form is blank, please skip to PAGE 5.**
- If there are job classes preprinted on the form, please indicate your preference of YES or NO in the specified column and provide a signature and date at the bottom of the page.

Page 5 – Complete Sections A and B and provide your signature and date at the bottom of the page.

For more information on Bargaining Units and Salary Groups, please visit the following links:

Advanced Search of Class Specifications:

<http://das.ct.gov/HR/JobspecNew/JobSearch.asp>

Collective Bargaining Contracts:

http://www.ct.gov/opm/cwp/view.asp?a=2992&Q=383228&opmNav_GID=1792&opmNav

Current Compensation Plans:

<http://das.ct.gov/fp1.aspx?page=112>

Page 6 – Please complete Sections A and B and provide your signature and date.

Page 7 – Review the Employment Districts and indicate by “check mark”, the geographic areas for which you will accept employment.

PLEASE NOTE: If you do not “check” a location, you WILL NOT be considered for vacancies in that location.

Page 8 – **No action required – DAS Use Only**

Page 9 – **No action required – DAS Use Only**

Documents to attach to this form:

- Copy of the Layoff Notice
- Updated CT-HR-12
- Updated Resume (optional)

For specific questions regarding this packet, please contact your Agency Human Resources department.



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: 4/27/2016

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 CT-HR-12
- Resume (optional)

Send completed form with all attachments via FAX to 860-622-2889 or hand-deliver to 450 Columbus Blvd – Suite 1502, 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:

Seniority Type (Complete Both): _____ **Contractual State:** ___/___/___

YY MM DD

_____ **Statutory State :** ___/___/___

YY MM DD

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:** _____

This form provided by the Department of Administrative Services

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:

- _____ CoreCT history
- _____ APS history
- _____ CSEIS history (if applicable)
- _____ Microfiche history (if applicable)
- _____ Examination history
- _____ APPPER Screen

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 page and the following page. List all comparable classes. 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.

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

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 for which you will be considered.

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

<u>Bargaining Units</u>	<u>Indicate lowest Salary Group you are willing to accept, if any.</u>
___ 05 – State Police (NP-1)	SP _____
___ 06 – Service-Maintenance (NP-2)	TC _____
___ 07 – Clerical (NP-3)	CL _____
___ 08 – Correction Officers (NP-4)	CO _____
___ 09 – Protective Services (NP-5)	PS _____
___ 10 – Health Non-Professional (NP-6)	HN _____
___ 11 – Health Professional (P-1)	HC _____
___ 12 – Social and Human Services (P-2)	SH _____
___ 13 – Educational Administrators (P-3A)	EA _____
___ 14 – Education Professional (P-3B)	EB _____
___ 15 – Engineering, Scientific, and Technical (P-4)	ES _____
___ 16 – Administrative and Residual (P-5)	AR _____
___ 66 – BESB Employees (NP-7)	BE1 _____
___ 67 – Correctional Supervisors (NP-8)	SC _____

Only available to employees laid off from the Managerial or Confidential bargaining unit:

___ 02 – Managerial	MP _____
___ 03 – Confidential	CR _____

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: Upon acceptance of a state position, official transcripts will be required by the employing agency.

- 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: _____

A. 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	SHIFT	TYPE OF POSITION
<input type="checkbox"/> Full Time	<input type="checkbox"/> Day	<input type="checkbox"/> Permanent
<input type="checkbox"/> Part Time (20 or more hours a week)	<input type="checkbox"/> Evening	<input type="checkbox"/> Temporary/Durational
<input type="checkbox"/> Part Time (less than 20 hours a week)	<input type="checkbox"/> Night	

B. 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: _____

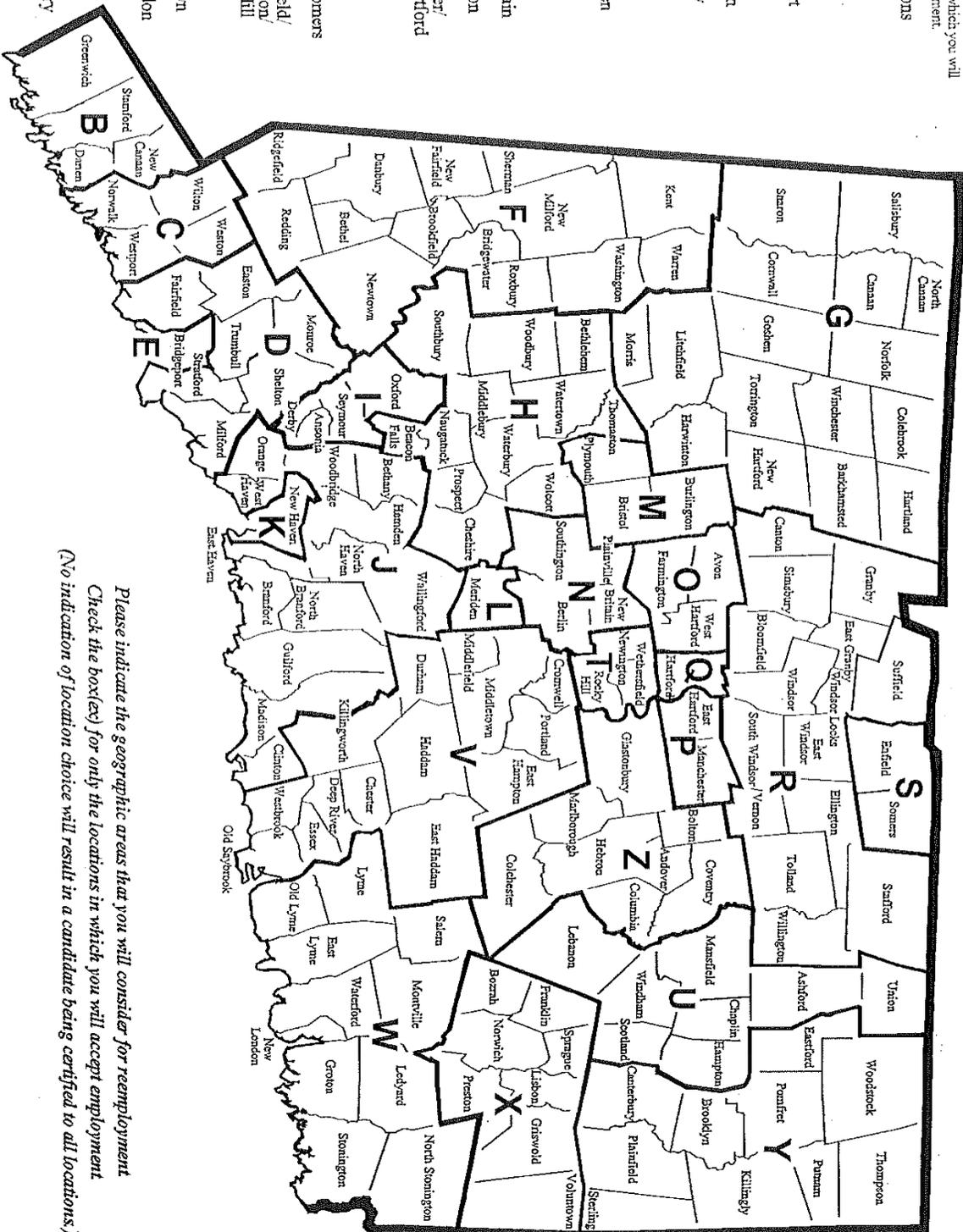
Employee's Name: _____

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 Gastonbury



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.)

