



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: 5/10/2011

Instructions: The agency human resources representative and the employee must complete and review for accuracy all information requested on pages 1-9 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 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:** (_____) - _____ - _____

Home E-Mail Address: _____ *Area Code required* _____ *Area Code required* _____

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>
<input type="checkbox"/> 05 – State Police (NP-1)	SP _____
<input type="checkbox"/> 06 – Service-Maintenance (NP-2)	TC _____
<input type="checkbox"/> 08 – Correction Officers (NP-4)	CO _____
<input type="checkbox"/> 09 – Protective Services (NP-5)	PS _____
<input type="checkbox"/> 10 – Health Non-Professional (NP-6)	HN _____
<input type="checkbox"/> 11 – Health Professional (P-1)	HC _____
<input type="checkbox"/> 12 – Social and Human Services (P-2)	SH _____
<input type="checkbox"/> 13 – Educational Administrators (P-3A)	EA _____
<input type="checkbox"/> 14 – Education Professional (P-3B)	EB _____
<input type="checkbox"/> 15 – Engineering, Scientific, and Technical (P-4)	ES _____
<input type="checkbox"/> 16 – Administrative and Residual (P-5)	AR _____
<input type="checkbox"/> 66 – BESB Employees (NP-7)	BE1 _____
<input type="checkbox"/> 67 – Correctional Supervisors (NP-8)	SC _____

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

<input type="checkbox"/> 02 – Managerial	MP _____
<input type="checkbox"/> 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:

- 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: _____

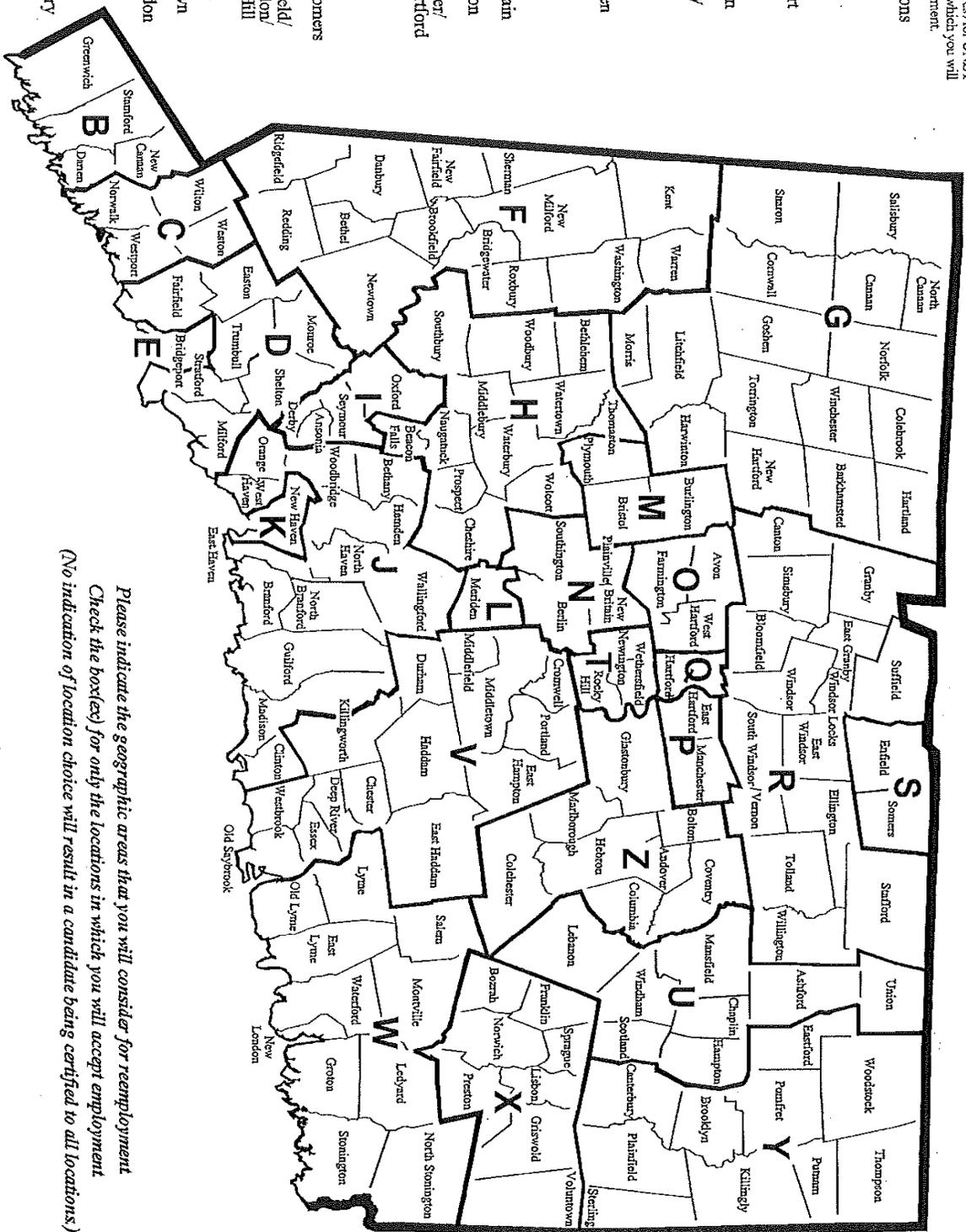
Employee's Name: _____

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 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.)

