

Reemployment Form

**CITY OF BATON ROUGE / PARISH OF EAST BATON ROUGE
DEPARTMENT OF HUMAN RESOURCES**

Recruiting and Examination Division
1755 Florida Street · P.O. Box 1471 · Baton Rouge, LA 70821
(225) 389-3132

**REEMPLOYMENT FORM
RULE V**

Section 10 Establishment of Reemployment Lists

Before the expiration of one (1) year after the date of separation of a regular employee whose services were terminated for other than action, fault, or delinquency on his/her part, the employee may require the Administrator to place his/her name on the reemployment list for the class of position he/she previously occupied. This may be exercised only three (3) times. After three (3) reinstatements, a former employee must take a new examination, and is successful, will be placed on the open list as provided in Section 9. The Administrator may place the name of the employee on reemployment lists for other classes where no additional or different qualifications are prescribed for original entrance and where the maximum rates of pay are not in excess of the rate for the class he/she previously occupied; provided the appointing authority shall not be required to appoint the employee at a rate in excess of the original entrance rate for the class for which he/she is certified for appointment. Persons whose names are on reemployment lists will be certified for appointment as provided for in Section 2, Rule VI. Amended 6/27/51.

10.1 Duration of Reemployment Lists

Unless his/her name is removed under the provisions of Section 12 of this Rule, the name of a person placed on a reemployment list shall remain thereon until two (2) years after his/her classified service was terminated.

() I request that my name be added to the reemployment List for the classification I previously occupied:

() I request that my name be added to the reemployment List for the lower classification(s) within the same classification series:

Classification Previously Occupied: _____

Lower Classification(s) Same Series: _____

Name: _____

Date Left Service: _____

Address: _____

Telephone #: _____

Social Security #: _____

Signature of Eligible: _____

APPROVED