ARKANSAS REGISTER



Transmittal Sheet

Sharon Priest Secretary of State State Capitol Rm. 01 Little Rock. Arkansas 72201-1004

	Little Rock, Arkansas 72201-1094
For Office Use Only: Effective Date	그 1 역 Code Number 00년 00 연구 - 003
Name of Agency Arkansas Depart	rtment of Correction
Department of Correction	
Contact PersonLarry B. Norris, I	Director Phone 247 (244
Statutory Authority for Promulga	ating Rules <u>§ 12-27-105 and 16-93-1203 (Miche Suppl. 1993)</u>
AR 220 Re-Employment REPE	ALED Date
Intended Effective Date	Legal Notice Published April 5-10, 1998
Emergency	Final Date for Public Comment 5-May-98
10 Days After Filing	Filed With Legislative Council April 3rd, 1998
Other	Reviewed by Legislative Council May 7th, 1998
The effective Date for this AR is July 30th, 1999 **The CERTIFICATIO	Adopted by State Agency . *April 17th, 1998 Board repealed AR220 pending the conclusion comment period ON OF AUTHORIZED OFFICER
In Compliance	Mith Act 434 of 1967 As Amended.
	Signature Signature
······································	Phone Number Director Title
·	July 8, 1999



Section Number	Page Number		
220	1 of 3		
Board of Correction Approval Date: 6/21/88			
Supersedes: 220	Dated: 10/15/82		
Attorney General Review Date:	Date Filed Secy. of State:		
6/21/88	7/ ₂₀ /88		

SUBJECT: Re-Employment

I. POLICY OF THE DEPARTMENT: To allow people, who have resigned or have been terminated, an opportunity to be reconsidered for employment with the Department of Correction.

II. EXPLANATION:

- A. This policy is designed to allow a person to provide credible explanation of changes in the circumstances which caused the initial separation of employment with the Department of Correction.
- B. Each Unit Warden/Center Supervisor/Administrator/and Central Personnel shall ensure that rehire procedures are complied with as outlined in the Administrative Regulations.

III. PROCEDURES:

- A. Before a former employee may be considered for employment, the individual must submit Rehire Form (F-220-1) to Central Personnel Office.
- B. Central Personnel will coordinate the review of all rehire applications and related previous work records to determine the following:
 - 1. Reason(s) employee terminated employment with the Department of Correction.
 - 2. Recommendations, awards, certificates, reprimands, and training/education received while employed at the Department of Correction.
 - 3. Recommendations regarding rehire request from Unit Warden/Center Supervisor/Administrator of the Unit/Center/Division where he/she formerly worked.



Section Number Page Number 220 2 of 3 Board of Correction Approval Date: 6/21/88 Supersedes: Dated: 220 10/15/82 Attorney General Date Filed Review Date: Secy. of State: 7/20/88 6/21/88

SUBJECT: Re-Employment

- C. Information obtained in section III, item B, above will be forwarded to the desired unit/center/division of employment.
- D. The Warden/Center Supervisor/Administrator of the desired unit/center/division will review the rehire request and previous employment information and notify Central Personnel of any decision to approve or deny rehire request.
- E. In the event of an approval of the rehire request,
 Central Personnel will forward all documents and
 information to the Director for review and final
 action. The Director will give written notification
 of his/her decision to the Personnel Manager, who will
 in turn notify the Warden/Center Supervisor/
 Administrator of the decision.
- F. In the event of rehire, previous employment/ termination dates will not change. Anniversary dates will be based on the effective date of rehire.

AR220 (ADMRE)

REHIRE FORM-SEE REVERSE SIDE DATE REFER	RRED TO FORMER UNIT
FOR ADDRESSES DATE REFEI	RRED TO REQUESTING UNIT
APPLICANT	
I. RECHEST APPROVAL I	COD DESITED AT. 1
FORMER EMPLOYEE'S NAME (LIST THREE CHO	DICES) UNIT
	2. UNIT
	3.
IN BODIES CON THE CO.	3UNIT
UNIT	DATE OF HIRE
MY FORMER WORK UNIT WAS UNIT OTHER FORMER WORK UNIT DATE OF TERMINATION	r (IF APPLICABLE)
DATE OF TERMINATION FROM TO DATE OF HIRE DATE OF TERMINATION MORE THAN ONCE):	UNIT REASON LEFT ADC (FACH TIME IN
DATE OF HIRE DATE OF TERMINATION	i in the fairth line, in
CORE THE ORCE, I	
WHY DO YOU WISH TO BE RE-EMPLOYED?	
SIGNATURE OF EX-EMPLOYEE:	DATE:
SOCIAL SECURITY NUMBER: CURRENT ADDRESS & TWO PHONE *'S: DO YOU HAVE RELATIVES EMPLOYED AT THE REQUES	
CURRENT ADDRESS & TWO PHONE #'S: DO YOU HAVE RELATIVES EMPLOYED AT THE REQUES	TING UNITY VES NO
IF YES, GIVE NAME(S):	
FOR AGENCY USE ONLY - FORMER UNIT	
TOW AGENCY OUT - POWNER ONLY	
ATTACH COPIES OF DISCIPLINARIES, COMMENDATIO	
EDUCATION & TRAINING RECEIVED WHILE EMPLOYED COPIES ATTACHED - YES NO IF NO. W	HY?
REASON EMPLOYMENT ENDED:	
DISAPPROVED REASON:	
COPIES ATTACHED - YES NO IF NO, W REASON EMPLOYMENT ENDED: DISAPPROVED REASON: APPROVED SPECIAL CONDITIONS (IF ANY	')
SIGNATURE OF FORMER WARDEN/ADMINISTRATOR:	
	DATE
FOR AGENCY USE ONLY - REQUESTING UNIT #1	
DISAPPROVED REASON:	CDADE/CMED
DISAPPROVED REASON: APPROVED JOB TITLE SPECIAL CONDITIONS OF EMPLOYMENT (IF ANY)	GRADE/STEP
SIGNATURE OF WARDEN/ADMINISTRATOR:	DATE
FOR AGENCY USE ONLY - REQUESTING UNIT 12	
DISAPPROVED REASON: APPROVED JOB TITLE	GRADE/STEP
SPECIAL CONDITIONS OF EMPLOYMENT (IF ANY)	
SIGNATURE OF WARDEN/ADMINISTRATOR:	DATE
FOR AGENCY USE ONLY - REQUESTING UNIT 13	
DISAPPROVED REASON:	
DISAPPROVED REASON: APPROVED JOB TITLE SPECIAL CONDITIONS OF EMPLOYMENT (IF ANY)	GRADE/STEP
SPECIAL CONDITIONS OF EMPLOIMENT (IF ANI)	
SIGNATURE OF WARDEN/ADMINISTRATOR:	DATE
FOR AGENCY USE ONLY - DIRECTOR	
DISAPPROVED APPROVED SPECIAL CONDI	TTONS
PIGUEL WOARD REEWOARD RESCRIPT COUNT	
CTONSMUDE OF DIRECTOR	DATE
SIGNATURE OF DIRECTOR (ONLY IF ALL OF THE ABOVE IS APPROVED)	DATE

AR220 (TXTADMRE)

F-220-1

Benton Unit Warden U.S. Post Office Service Center Branch Bldg. 13 Benton, AR 72015 371-2077

Wrightsville Unit Personnel Officer P.O. Box 407 Wrightsville, AR 72183 535-1069

Maximum Security Unit Personnel Officer General Delivery Tucker, AR 72168 842-2519

Mississippi County Work Release Center P.O. Box 10 Luxora, AR 72358 762-1979

Diagnostic Unit Personnel Officer 6700 W. 7th St. Pine Bluff, AR 71603 247-2600

Industry Division Administrator P.O. Box 8707 Pine Bluff, AR 71611 247-1800

Mental Health Administrator P.O. Box 8707 Pine Bluff, Ak 71611 247-1800

Farm Office/Cummins Farm Manager P.O. Box 500 Grady, AR 71644 479-3311

AR220

Cummins Unit Personnel Officer P.O. Box 500 Grady, AR 71644 479-3311

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Texarkana Regional Corr. Ctr. Supervisor P.O. Box 1020 Texarkana, AR 75504 214-798-3068

Northwest Arkansas Work Release Center P.O. Box 1352 Springdale, AR 72765-1352 756-2037

Women's Unit Personnel Officer 8000 W. 7th St. Pine Bluff, AR 71603 247-3600

Medical Services Administrator P.O. Box 8707 Pine Bluff, AR 71611 247-1800

Parole Division Administrator P.O. Box 8707 Pine Bluff, AR 71611 247-1800

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Name of Agei	ncy Arkansas Departn	nent of Correction	•	
Department _	of Correction			-
Contact Perso	n Larry B. Norris, Di	rector	_ Phone _ <i>24</i>	7-6344
Statutory Auth	ority for Promulgat	ing Rules <u>§ 12-27-105 and 16-93-1</u>		
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		Nith Act 424 of 1967 As Amen Signature Phone Number Title Tuly 8, 1999		AND WELLINGS WE GE
		Date		



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- F. In the event of rehire, previous employment/ termination dates will not change. Anniversary dates will be based on the effective date of rehire.

AR220 (ADMRE)

FOR ADDRESSES DATE REFERRED TO FORMER UNIT DATE REFERRED TO REQUESTING UNIT
APPLICANT

I, REQUEST APPROVAL FOR REHIRE AT: 1. FORMER EMPLOYEE'S NAME (LIST THREE CHOICES) UNIT
FORMER EMPLOYEE'S NAME (LIST THREE CHOICES) UNIT
2. UNIT
3
MY FORMER WORK UNIT WAS FROM TOTHER FORMER WORK UNIT (IF APPLICABLE)
UNIT DATE OF HIRE
DATE OF TERMINATION OTHER FORMER WORK UNIT (IF APPLICABLE)
FROM TO . REASON LEFT ADC (EACH TIME, I
DATE OF TERMINATION FROM TO DATE OF HIRE DATE OF TERMINATION MORE THAN ONCE): UNIT REASON LEFT ADC (EACH TIME, I
MORE THAN ONCE):
WHY DO YOU WISH TO BE RE-EMPLOYED?
SIGNATURE OF EX-EMPLOYEE: DATE:
SOCIAL SECURITY NUMBER:
CURRENT ADDRESS & TWO PHONE *'S: DO YOU HAVE RELATIVES EMPLOYED AT THE REQUESTING UNIT? YESNONO
IF YES, GIVE NAME(S):
FOR AGENCY USE ONLY - FORMER UNIT
ATTACH COPIES OF DISCIPLINARIES, COMMENDATIONS, AWARDS & SUMMARY OF EDUCATION & TRAINING RECEIVED WHILE EMPLOYED AT THE UNIT/DIVISION. COPIES ATTACHED - YES NO IF NO, WHY? REASON EMPLOYMENT ENDED:
DISAPPROVED REASON:
APPROVED SPECIAL CONDITIONS (IF ANY)
SIGNATURE OF FORMER WARDEN/ADMINISTRATOR: DATE
TOR ACTION FOR ONLY PROPERTIES INTO 12
FOR AGENCY USE ONLY - REQUESTING UNIT 11
DISAPPROVED REASON:
DISAPPROVED REASON: APPROVED JOB TITLE GRADE/STEP SPECIAL CONDITIONS OF EMPLOYMENT (IF ANY)
SIGNATURE OF WARDEN/ADMINISTRATOR: DATE
FOR AGENCY USE ONLY - REQUESTING UNIT 12
DISAPPROVED REASON: APPROVED JOB TITLE GRADE/STEP
SPECIAL CONDITIONS OF EMPLOYMENT (IF ANY)
SIGNATURE OF WARDEN/ADMINISTRATOR: DATE
FOR AGENCY USE ONLY - REQUESTING UNIT #3
DICADDROVED DEASON.
APPROVED JOB TITLE GRADE/STEP
DISAPPROVED REASON: APPROVED JOB TITLE GRADE/STEP SPECIAL CONDITIONS OF EMPLOYMENT (IF ANY)
SIGNATURE OF WARDEN/ADMINISTRATOR: DATE
FOR AGENCY USE ONLY - DIRECTOR
FOR AGENCY USE ONLY - DIRECTOR DISAPPROVED APPROVED SPECIAL CONDITIONS

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