

# ARKANSAS REGISTER

## Transmittal Sheet



Sharon Priest  
Secretary of State  
State Capitol Rm. 01  
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 7/30/99 Code Number 004.00.99--003

Name of Agency Arkansas Department of Correction

Department of Correction

Contact Person Larry B. Norris, Director

Phone 247-6344

Statutory Authority for Promulgating Rules § 12-27-105 and 16-93-1203 (Miche Suppl. 1993)

### AR 220 Re-Employment **REPEALED**

Intended Effective Date

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

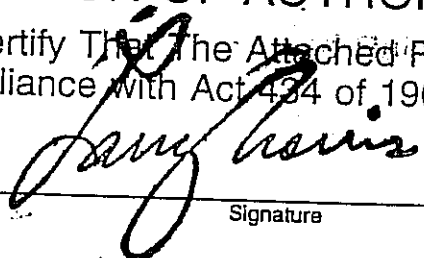
Reviewed by Legislative Council . . . . . May 7th, 1998

The effective Date for this AR is  
July 30th, 1999

Adopted by State Agency . . . . . \*April 17th, 1998  
\*The Board repealed AR220 pending the conclusion comment period

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended.



Signature

Phone Number

Director

Title

July 8, 1999  
Date

FILED  
REGISTER DIV.  
JUL 16 PM 12:03  
STATE OF ARKANSAS



**ADMINISTRATIVE REGULATIONS**  
**STATE OF ARKANSAS**  
**DEPARTMENT OF CORRECTION**

Section Number

220

Page Number

1 of 3

Board of Correction Approval Date:  
6/21/88

Supersedes:  
220

Dated:  
10/15/82

Attorney General  
Review Date:

6/21/88

Date Filed  
Secy. of State:

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.



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**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  
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  
2. \_\_\_\_\_ UNIT  
3. \_\_\_\_\_ UNIT

MY FORMER WORK UNIT WAS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
UNIT DATE OF HIRE  
OTHER FORMER WORK UNIT (IF APPLICABLE) \_\_\_\_\_  
DATE OF TERMINATION \_\_\_\_\_ UNIT  
FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON LEFT ADC (EACH TIME, IF  
DATE OF HIRE DATE OF TERMINATION  
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? YES \_\_\_\_\_ NO \_\_\_\_\_  
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 \_\_\_\_\_

FOR AGENCY USE ONLY - REQUESTING UNIT #1

DISAPPROVED \_\_\_\_\_ REASON: \_\_\_\_\_  
APPROVED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ GRADE/STEP \_\_\_\_\_  
SPECIAL CONDITIONS OF EMPLOYMENT (IF ANY) \_\_\_\_\_

SIGNATURE OF WARDEN/ADMINISTRATOR: \_\_\_\_\_ DATE \_\_\_\_\_

FOR AGENCY USE ONLY - REQUESTING UNIT #2

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

DISAPPROVED \_\_\_\_\_ REASON: \_\_\_\_\_  
APPROVED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ GRADE/STEP \_\_\_\_\_  
SPECIAL CONDITIONS OF EMPLOYMENT (IF ANY) \_\_\_\_\_

SIGNATURE OF WARDEN/ADMINISTRATOR: \_\_\_\_\_ DATE \_\_\_\_\_

FOR AGENCY USE ONLY - DIRECTOR

DISAPPROVED \_\_\_\_\_ APPROVED \_\_\_\_\_ SPECIAL CONDITIONS \_\_\_\_\_

SIGNATURE OF DIRECTOR \_\_\_\_\_  
(ONLY IF ALL OF THE ABOVE IS APPROVED)

DATE \_\_\_\_\_

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

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

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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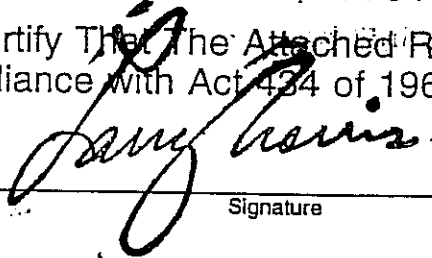
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UNIT  
3. \_\_\_\_\_  
UNIT

MY FORMER WORK UNIT WAS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
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DATE OF TERMINATION \_\_\_\_\_ UNIT  
FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON LEFT ADC (EACH TIME, IF  
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