

STATE OF MAINE  
DEPARTMENT OF PERSONNEL

December 17, 1980

PERSONNEL BULLETIN 7.3

TO: All Agency/Department Heads/Personnel Representatives  
SUBJECT: Reemployment in the Classified Competitive Service  
REFERENCE: Chapter 7, Sec. 3, Sub-sec. E., Personnel Rules

To screen requests for placement on the Reemployment Register more effectively, the following procedure is now in effect.

When former State employees wish to be placed on the Reemployment Register, they must contact their last appointing authority. This appointing authority will complete the attached form (Per 18) and approve or disapprove the request.

If the request is approved, a copy should be forwarded to this office in order that the person be placed on the register.

If the request is denied, the former employee must be notified by the appointing authority of the action taken and the reason why.

In the event the former agency has been disbanded or merged, the former State employee may make application for reemployment to the Commissioner of Personnel.

ROBERT W. MAXWELL  
TEMPORARY DEPUTY COMMISSIONER

Attachment

MAY BE REPRODUCED LOCALLY TO MEET DISTRIBUTION NEEDS

**REQUEST FOR PLACEMENT ON THE REEMPLOYMENT REGISTER**

NAME OF FORMER EMPLOYEE						DATE OF REQUEST					
TITLE OF PREVIOUS CLASSIFICATION						OPTION			CLASS CODE		
NAME OF FORMER DEPARTMENT						SOCIAL SECURITY NUMBER					
HOME ADDRESS						TELEPHONE					
Street			City			Home					
State			Zip Code			Business					
DATE OF AVAILABILITY		Check (✓) area and conditions of employment suitable to you. Your name will not be referred to positions in areas not designated, nor conditions of employment not specified.									
		CONDITIONS OF EMPLOYMENT					CONDITIONS OF EMPLOYMENT				
		AREAS	Full Time (Perma- nent)	Part- time	Tempo- rary	Shift Work	COUNTIES	Full Time (Perma- nent)	Part- time	Tempo- rary	Shift Work
		Anywhere					Kennebec				
		CITIES					Knox				
		Augusta					Lincoln				
		Bangor					Oxford				
		Portland					Penobscot				
		COUNTIES					Piscataquis				
		Androscoggin					Sagadahoc				
		Aroostook					Somerset				
		Cumberland					Waldo				
		Franklin					Washington				
		Hancock					York				
SIGNATURE OF FORMER EMPLOYEE						DATE					
APPROVAL OF FORMER APPOINTING AUTHORITY											
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Reason)											
Signature						Date					
PERSONNEL USE											
Effective Date						Ending Date					

PER 18 12/80

- Copy 1 Agency
- Copy 2 Former Employee
- Copy 3 Personnel Department (if approved)