

DISABILITY REHIRE/REASSIGNMENT

Employee Name: _____ Employee Number/SSN: _____

Jurisdiction making request: _____

Is this a: REHIRE (Return from disability retirement)
 REASSIGNMENT (No longer able to perform duties of current job class.)

If rehire:

Employee's previous job class: _____

Date of Disability Separation: _____ Effective Date of Re-Hire: _____

Has this employee been released to return to work by a physician or other healthcare provider licensed in the State of Alabama? Yes (Documentation must be on file with the jurisdiction.)

Job class into which this employee is to be returned: (Employee must meet all current minimum qualifications for this job class.)* _____

Pay step requested: _____ Current application on file? Yes No (If no, employee must complete online application for MQ assessment. Required licenses must be current.)

If reassignment:

Employee's current job class: _____

Has this employee been deemed unable to perform the essential duties of his or her job class by a physician or other healthcare provider licensed in the State of Alabama? Yes (Please submit physician's statement with this request.)

Job class into which this employee is to be placed: (Employee must meet all current minimum qualifications for this job class.) * _____

Current application on file? Yes No (If no, employee must complete online application for MQ assessment. Required licenses must be current.)

*** Please see PBJC Rule 13.23**

Effective Date of Reassignment: _____

Appointing Authority _____ Date _____

Personnel Director _____ Date _____

Approved

Denied Reason for Denial: _____