

UNITED CEREBRAL PALSY OF ARKANSAS, INC.
Justification of Request to Rehire

DATE: _____

EMPLOYEE NAME: _____

DATES OF PREVIOUS EMPLOYMENT: _____ TO _____

IS EMPLOYEE ELIGIBLE FOR REHIRE (verified through Human Resources)? YES or NO

REASON FOR TERMINATION: _____

REASON FOR REQUEST TO REHIRE: _____

SUPERVISOR'S SIGNATURE DATE

DIRECTOR'S SIGNATURE DATE

CHIEF PROGRAM OFFICER'S SIGNATURE DATE

FORM MUST BE COMPLETED AND FORWARDED TO paula@ucpcark.org FOR APPROVAL PRIOR TO OFFERING A POSITION TO APPLICANT. YOU WILL BE NOTIFIED ONCE IT IS REVIEWED.