



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

RESTORATION OF BENEFITS REQUEST

Reemployment (Rehire) – Nurses Unit

Must print in Black or Blue ink ONLY

Employee ID	Last Name, First Name	Termination Date	Rehire Date
Job Code	Job Code Title	Previous Job Code	

Restoration to Same Classification

<p>A Regular Nurse who is rehired in the same classification in a regular position within one and one-half (1.5) years shall receive:</p> <p>Restoration of Salary Step Length of service for leave accrual rate Sick leave balance* (If not previously cashed out)</p> <p>*CNA MOU</p>	<p>A Regular Nurse with more than 10,400 hours of continuous service who is rehired in the same classification in a regular position within two (2) years shall receive:</p> <p>Restoration of Salary Step Length of service for leave accrual rate Sick leave balance* (If not previously cashed out)</p>	
Salary Range/Step (Step Hours will not be restored)	Service Hours	Sick Leave Balance*
<u>Probationary Period</u>		
<p>Employee will serve a new probationary period Request probationary period be waived for the above employee (provide justification below)</p> <p>Justification for waiver of probationary period:</p>		

Restoration to Different Classification

<p>A Regular Nurse who is rehired into a different regular position within the bargaining unit within one and one-half (1.5) years may receive:</p> <p>Length of service hours for leave accrual rate:</p>	<p>A Regular Nurse with more than 10,400 hours of continuous service who is rehired into a different regular position within the bargaining unit within two (2) years may receive:</p> <p>Length of service hours for leave accrual rate:</p>
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Appointing Authority or Designee Signature	Department	Phone Number	Date
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Benefits **Probationary Period**

Approved Denied	Approved Denied	Human Resources Business Partner Signature (Print & Sign)	Date
Comments:			
Approved Denied	Approved Denied	Director of Human Resources (HR) Signature (Print & Sign)	Date
Comments:			

EMACS-HR USE ONLY

Range/Step	SHV Hours	ASL Hours	Missed Vacation Accruals	Keyed By/Date (Employee ID)
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This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.