



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

RESTORATION OF BENEFITS REQUEST

Reemployment (Rehire)

Must print in Black or Blue ink ONLY

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

Benefits to be Restored

Complete applicable item(s):

Salary Range/Step (Step Hours will not be restored)	Service Hours	Sick Leave Balance
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Reason for Restoration

Check applicable box:

- A regular employee who has terminated County employment and is rehired into the same classification in a regular position within one (1) year
- A regular employee who has terminated County employment and is rehired into a regular position in the same job family within one (1) year
- A regular employee who has terminated County employment and is rehired into a regular position in another job family within a 90 calendar day period

Probationary Period

Check applicable box:

- Employee will serve a new probationary period
- Request probationary period be waived for the above employee (provide justification below)

Justification for waiver of probationary period:

Appointing Authority or Designee Signature	Department	Phone Number	Date
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Benefits Probationary Period

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Human Resources Business Partner Signature (Print & Sign)	Date
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Comments:

Benefits Probationary Period

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Director of Human Resources (HR) Signature (Print & Sign)	Date
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Comments:

Benefits Probationary Period

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Chief Executive Officer Signature (Print & Sign) (Required if Director of HR is appointing authority)	Date
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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.