

STATE OF OHIO
ELECTRONIC RECORDS RELEASE

Please fax this form to DAS/HRSU (614.728.0312) prior to the occurrence of a rehire. Upon receipt of the DAS Authority Signature, please attach the signed version of this form to the rehire PA.

SECTION I-EMPLOYEE INFORMATION	
Employee Name:	Employee ID:
Effective Date:	
Employee Class:	Officer Code:
Benefit Program:	
SECTION II-TO BE COMPLETED BY RECEIVING AGENCY	
Action Reason: <input type="checkbox"/> REH REH: Rehire Used to hire an employee who has previously worked for the State of Ohio <input type="checkbox"/> REH REL: Reemployment Layoff Used to rehire a laid off employee to an agency other than the agency from which the employee was laid off <input type="checkbox"/> REH RET: Return from Retirement Used to hire a person from retirement back into a position <small>NOTE: this form is NOT necessary for "REH RCL: Recall Layoff," "REH RSP: Reinstatement Separation" or "REH RTP: Reinstatement 3rd Party" since those action reason codes return the employee to the SAME agency from which the employee departed.</small>	
Releasing Agency:	
Receiving Agency:	Receiving Agency Dept ID:
Receiving Position Number:	Receiving Job Code Number:
Receiving Job Code Title:	
Receiving Agency HR Contact: Name: _____ Fax Number: _____ Email: _____ Signature: _____ Date: _____	
SECTION III-TO BE COMPLETED BY DAS/HR SUPPORT CENTER	
Signature: _____ Date: _____ <p style="text-align: center;">Please sign this form and return it to the Receiving Agency Contact outlined above.</p>	