

# Rehired Employee Eligibility Confirmation Form

## Employee Information

Full Name

Employee ID (if known)

Previous Position

Last Day Worked

## Rehire Details

Position To Be Rehired For

Proposed Rehire Date

Supervisor Name

## Eligibility Confirmation

Is the employee eligible for rehire?

Comments / Special Considerations

## Approver Information

Approver Name

Approver Title

Date