

## Rehire Eligibility Review Form

### Employee Information

Please complete the required fields indicated by an asterisk\* and include any supporting details that will help us make the appropriate decision regarding your request. Rehire appeal requests are covered under UAMS Administrative Guide 4.4.16, Employee Grievance Procedure.

\*First Name:  \*Last Name:  MI:

If you used a different name during your employment please list:

Employee ID, if known; do not include Social Security Number:

\*Date of Birth:

Date of Hire:  Date of Separation:

\*Last Position Held:  Former Manager (If known):

\*Former Department:

\*Phone Number:  \*Email Address:

Please Explain Why You Were Terminated:

Please explain what has changed since you were terminated and why you believe your rehire status is incorrect or should be changed. Include any additional documentation to support your position when you email this form:

Once completed, please email the form and supporting documentation to: [EmployeeRelations@uams.edu](mailto:EmployeeRelations@uams.edu)

*Please note submitting this form initiates a review and does not guarantee that your rehire eligibility status with UAMS will be changed.*