

Department Preferred Reemployment List (DPRL) Form –

Business Re-Organization

Form Revision Date: 08/2013

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| **As a permanent employee who was reallocated downward as part of a business reorganization, you have the right to have your name placed on a Department Preferred Reemployment List (DPRL) for two years. Your name will be put on the list for the job title you held prior to the reallocation in the parishes you choose on this form.**  **Please submit this form to (designate person to whom you want this form returned) and keep a copy for your records.** | | | |
| **Name** | | **Social Security Number** | |
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| **Mailing Address** | | | |
|  | | | |
| **Primary Phone Number** | **Alternate Phone Number** | | **E-Mail Address** |
|  |  | |  |
| **Agency** | | **Date of Action** | |
|  | |  | |
| **Former Job Title** | | **Current Job Title** | |
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| **Indicate below where you will accept a job, if and when you are offered an appointment from this list. Only put the parish(es) in which you will accept employment. If you decline an offer of employment in a parish in which you have indicated you will accept employment, your name will be removed from the list in all parishes. If your name is removed from the list, it will not be restored. *Parish(es) in which I will accept employment are as follows:*** | | | |
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| **Signature of Affected Employee** | **Date** |
|  |  |
| **Signature of Agency Official** | **Date** |
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