

Department Preferred Reemployment List (DPRL) Form – Layoff

Layoff Template #9

*Revised 2/2025*

|  |
| --- |
| **Note: Do not complete this form if, at the time of layoff you were:*** **A non-permanent employee.**
* **A permanent employee who moved laterally.**
* **An employee whose last overall Performance Evaluation was “Needs Improvement or Unsuccessful” *as of 7/1/2024*, (SCS Rules 17.15(b) & 18.17).**
* **An employee who declined a relocation offer within his/her organizational unit, commuting area, and career field.**

**As a permanent employee who was laid off or relocated to a lower-level position, 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 all the parishes you indicate on this form. Please list only the parishes in which you will actually accept employment. If you are offered a permanent job in a parish you have listed and you decline, you will be removed from the DPRL for that job and any jobs at a lower level for all parishes. If your name is taken off the list, it will not be restored.****Failure to complete this form will affect your status on the DPRL. If you were laid off your preferred reemployment eligibility extends to the job you held before the effective date of the layoff, and equivalent or lower jobs in the same career field, for which you qualify. If you do not return this form together with an up-to-date State Civil Service application, you will be placed on the DPRL only for the job and parish from which you were laid off/relocated.** **Please return this form and an up-to-date application form (your HR department can provide you with a blank application or if you have a current application this may be submitted)*****For HR Use: Retain the completed form on file. Send a copy in with the post-layoff report. If more information is needed, please contact your HR Program Support Consultant.*** |

|  |  |  |
| --- | --- | --- |
| **Name** | **Social Security Number** | **Agency** |
|  |  |  |

|  |
| --- |
| **Mailing Address** |
|  |
| **Primary Phone Number** | **Alternate Phone Number** | **E-Mail Address** |
|  |  |  |
| **Job Title Prior to Layoff Date** | **Job Title Demoted Into (if none, state “Laid Off”)** |
|  |  |
| 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:** |
|  |

|  |  |
| --- | --- |
| **Signature of Affected Employee** | **Date** |
|  |  |
| **Signature of Agency Official** | **Date** |
|  |  |