

**Ineligibility for Rehire**

**Do Not Rehire:**

Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I certify that the above employee is ineligible for reemployment with the Oklahoma Department of Corrections for the following reason (check all applicable and attach supporting documentation):

1. The employee resigned during an investigation. The number of the investigation is \_\_\_\_\_.
2. The employee resigned in lieu of disciplinary action. (Attach disciplinary letter)
3. The employee failed to report for duty. (Attach time sheet)
4. The employee refused to take a drug or alcohol test. (Attach referral to drug or alcohol testing)
5. The employee resigned or was discharged following substantiated allegations of sexual abuse or sexual harassment (P.R.E.A. § 115.17).

Date: \_\_\_\_\_

\_\_\_\_\_  
Appointing Authority