

SAMPLE LETTER OF RECALL (PICK 15)
Last Update: 1/09

(Date)

(Employee's Name and Address)

Dear (Employee's Name):

This letter is to inform you that your name has been referred from the recall list for the class of _____ . You are advised to report to _____ at *(location, date, and time)*.

Failure to accept the offered position within five days of receipt of this letter will negate your right to recall from all job classes except for the job class from which you were laid off. It is important that you understand this offer of employment is contingent upon the ability to perform the essential functions of the position to which recalled.

You are also advised that acceptance of this offer will require that you successfully complete a six (6) month probationary period. Failure to successfully complete the probationary period will allow your name to be returned to the recall list for a period of two years.

If you have any questions, or if you need further information, please contact me.

Sincerely,

(Department Representative)

Complete and return this form to: _____

Department: _____ Telephone: _____

Address: _____

PLEASE CHECK (✓) ONE:

I will report to work on the date noted above.

I do not accept this position.

I understand that my name will be removed from the Recall List for all job classes as indicated above.

Employee's Signature

Date

c: DAS-HRE
Personnel file