

**RECALL REQUEST FORM**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I understand it is my responsibility to notify the Office of Human Resources of any change in my address.

Certification endorsement(s) currently held: \_\_\_\_\_  
\_\_\_\_\_

This packet must be returned to the Office of Human Resources by **May 1 of the current year** to be considered for recall. You will not be considered for recall after **March 15 of the following year**.

I do wish to be considered for recall.

I do not wish to be considered for recall.

\_\_\_\_\_  
Signature Date

Date Received in the Human Resources Office: \_\_\_\_\_

~~~~~  
**RECALL POSITION OFFERED**

Dear Employee:

When the reduction in force was activated, you were contacted and given the opportunity to be considered for recall. As part of the recall process, based upon your signature above, I am hereby offering you the following position with School District Number One. Please be aware that should you accept this offer, you will retain all accrued benefits and will be placed on the appropriate salary step.

\_\_\_\_\_  
Paul Grube, Human Resources Director / Date

Recall Position **Offered**: \_\_\_\_\_

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

Acceptance of this offer must be made and the contract signed and returned to the Office of Human Resources within fifteen (15) calendar days from the delivery date or date of registration of the recall offer.

Acceptance of Recall Offer

I **accept** the position offered.

I **do not** accept the position offered and understand that I have no further recall rights.

\_\_\_\_\_  
Signature / Date

Date received by the Human Resources Office: \_\_\_\_\_