

RECALL ELECTION FORM

This form is used to provide or update recall preferences and contact information to your human resources (HR) office. You are eligible to be placed on recall lists in the agency from which you are displaced for class series where you have attained status during the current employment period at and below your class level when displaced. Unless a completed form is provided to your HR office, your recall rights are only for your class, county, and employee status code when displaced. You must provide your HR office a signed CS-1848 to make (1) additional initial elections and (2) any subsequent changes. While on a recall list, you must report any name, address, or email-address changes using MI HR Self Service or by submitting a new signed CS-1848 to your HR office.

SECTION I: List contact information. Recall opportunities will be communicated based on your latest contact information.

NAME		HOME EMAIL ADDRESS		EMPLOYEE ID NO.
HOME MAILING ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE NO.

SECTION II: List the classes and levels for which you are requesting recall. You are eligible only for classes in which you have successfully completed a probationary period in an indefinite appointment during your current employment period. You cannot be recalled to a higher level than when you were displaced. You will not be added to recall lists for any classes listed for which you are ineligible based on your employment history.

SECTION III: Select the employee status codes for which you are requesting recall: An employee with status from an indefinite full-time appointment can also request recall to other appointments types. An employee with status in a class from only a less-than-full-time appointment can only request recall to other less-than-full-time appointments.

<input type="checkbox"/> AA: Full-time	<input type="checkbox"/> AB: Part-time	<input type="checkbox"/> AC: Intermittent	<input type="checkbox"/> AD: Limited-term	<input type="checkbox"/> AE: Seasonal
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SECTION IV: Select the counties to request placement on recall lists. If you want to be on recall lists for all counties for the agency from which you were displaced, select "99 Statewide."

<input type="checkbox"/> 01 Alcona	<input type="checkbox"/> 15 Charlevoix	<input type="checkbox"/> 29 Gratiot	<input type="checkbox"/> 43 Lake	<input type="checkbox"/> 57 Missaukee	<input type="checkbox"/> 71 Presque Isle
<input type="checkbox"/> 02 Alger	<input type="checkbox"/> 16 Cheboygan	<input type="checkbox"/> 30 Hillsdale	<input type="checkbox"/> 44 Lapeer	<input type="checkbox"/> 58 Monroe	<input type="checkbox"/> 72 Roscommon
<input type="checkbox"/> 03 Allegan	<input type="checkbox"/> 17 Chippewa	<input type="checkbox"/> 31 Houghton	<input type="checkbox"/> 45 Leelanau	<input type="checkbox"/> 59 Montcalm	<input type="checkbox"/> 73 Saginaw
<input type="checkbox"/> 04 Alpena	<input type="checkbox"/> 18 Clare	<input type="checkbox"/> 32 Huron	<input type="checkbox"/> 46 Lenawee	<input type="checkbox"/> 60 Montmorency	<input type="checkbox"/> 74 Sanilac
<input type="checkbox"/> 05 Antrim	<input type="checkbox"/> 19 Clinton	<input type="checkbox"/> 33 Ingham	<input type="checkbox"/> 47 Livingston	<input type="checkbox"/> 61 Muskegon	<input type="checkbox"/> 75 Schoolcraft
<input type="checkbox"/> 06 Arenac	<input type="checkbox"/> 20 Crawford	<input type="checkbox"/> 34 Ionia	<input type="checkbox"/> 48 Luce	<input type="checkbox"/> 62 Newaygo	<input type="checkbox"/> 76 Shiawassee
<input type="checkbox"/> 07 Baraga	<input type="checkbox"/> 21 Delta	<input type="checkbox"/> 35 Iosco	<input type="checkbox"/> 49 Mackinac	<input type="checkbox"/> 63 Oakland	<input type="checkbox"/> 77 St. Clair
<input type="checkbox"/> 08 Barry	<input type="checkbox"/> 22 Dickinson	<input type="checkbox"/> 36 Iron	<input type="checkbox"/> 50 Macomb	<input type="checkbox"/> 64 Oceana	<input type="checkbox"/> 78 St. Joseph
<input type="checkbox"/> 09 Bay	<input type="checkbox"/> 23 Eaton	<input type="checkbox"/> 37 Isabella	<input type="checkbox"/> 51 Manistee	<input type="checkbox"/> 65 Ogemaw	<input type="checkbox"/> 79 Tuscola
<input type="checkbox"/> 10 Benzie	<input type="checkbox"/> 24 Emmet	<input type="checkbox"/> 38 Jackson	<input type="checkbox"/> 52 Marquette	<input type="checkbox"/> 66 Ontonagon	<input type="checkbox"/> 80 Van Buren
<input type="checkbox"/> 11 Berrien	<input type="checkbox"/> 25 Genesee	<input type="checkbox"/> 39 Kalamazoo	<input type="checkbox"/> 53 Mason	<input type="checkbox"/> 67 Osceola	<input type="checkbox"/> 81 Washtenaw
<input type="checkbox"/> 12 Branch	<input type="checkbox"/> 26 Gladwin	<input type="checkbox"/> 40 Kalkaska	<input type="checkbox"/> 54 Mecosta	<input type="checkbox"/> 68 Oscoda	<input type="checkbox"/> 82 Wayne
<input type="checkbox"/> 13 Calhoun	<input type="checkbox"/> 27 Gogebic	<input type="checkbox"/> 41 Kent	<input type="checkbox"/> 55 Menominee	<input type="checkbox"/> 69 Otsego	<input type="checkbox"/> 83 Wexford
<input type="checkbox"/> 14 Cass	<input type="checkbox"/> 28 Grand Traverse	<input type="checkbox"/> 42 Keweenaw	<input type="checkbox"/> 56 Midland	<input type="checkbox"/> 70 Ottawa	<input type="checkbox"/> 99 Statewide

SECTION V: By signing below, I acknowledge that (1) the information and elections above are accurate and complete, (2) this form replaces any previous elections, and (3) if I do not accept a recall offer made consistent with my elections above, my name will be removed from recall lists as authorized in the civil service rules and regulations.

SIGNATURE	DATE
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SUBMIT THIS FORM TO YOUR HR OFFICE AND KEEP A COPY FOR YOUR RECORDS