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AM-204-11-7

*m*

***Reemployment Notification Form***

**Section I: Employee Information**

\_\_\_\_\_  
Employee's Full Name

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

\_\_\_\_\_  
Agency/Bureau/Division

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, ZIP Code

**Section II: Service Information**

\_\_\_\_\_  
Date Military Service Began

\_\_\_\_\_  
Return to Work Date

\_\_\_\_\_  
Branch of Service

Discharge Papers (Attach)

**Section III: Notification**

A copy of this form will be forwarded to the following:

Employee Benefits Division  
System (F&P)

Fire & Police Employees' Retirement

Central Payroll  
(EOS)

Elected Officials' Retirement System

Employee Retirement System (ERS)

\_\_\_\_\_  
Agency Human Resources Director

\_\_\_\_\_  
Date