First Preference Form

Instructions: Please provide your name, Employee ID #, facility/district/unit and sign and date this form in the spaces provided below and return with a completed HCM-4B form and report from the authorized treatment provider to:

Oklahoma Department of Corrections
Human Resources Benefits Unit
P.O. Box 11400
OKC, OK 73136-0400

By my signature below, I am requesting first preference for an alternate position subject to the following conditions:

1. The medical statement from the authorized treatment provider releases the employee to return to work with physical or mental restrictions that prohibit performance of essential job functions with or without reasonable accommodation;

2. The employee is medically able to perform the essential job duties of an alternative position;

3. The employee is within one year after the start of leave without pay;

4. The department has an alternate funded, vacant position for which there is an approved HCM-92;

5. The employee meets the minimum qualifications for the alternate position as certified by OMES: Human Capital Management (HCM); and

6. The alternate position does not constitute a promotion for the employee.

_____ _____
Employee Printed Name Work Location Employee ID #

_____
Employee Signature Date