THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
CIVIL SERVICE COMMISSION

77 North Front Street, 3rd Floor
Columbus, Ohio 43215

Request for Reinstatement

In order to request reinstatement to an eligible list you must complete this form and submit it to the Civil Service Commission (CSC). You will receive a letter from CSC advising you whether your request is approved or denied. Send completed forms to A&ESUnit@columbus.gov or fax to (614) 645-8379.

Be sure to complete all the information requested below. Please print clearly.

Questions regarding this process may be directed to the Applicant and Employee Services Unit at (614) 645-8369.

Date: _____ Social Security #: _____

Name: _____
(First) (Middle Initial) (Last)

Address: _____
(Number) (Street Name (Apt. No.)

City, State, Zip Code: _____
(City) (State) (Zip)

Home or Cell Phone: _____ Email Address: _____

Do you currently have any relatives who are City employees? ☐Yes ☐No

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☐ I am requesting reinstatement to a classification(s) in which I previously served *(provide job title(s) below)*, **OR**

☐ I am requesting reinstatement to a lower classification(s) in the same class series *(as defined by CSC Rule I(6))* *(provide job title(s) below)*, **OR**

☐ I accepted a PART-TIME or LIMITED appointment to my **current** classification and have expired from the eligible list *(provide job title(s) below)*.

PLEASE LIST THE JOB TITLE(S) HERE: _____

Please checkmark (✓) one of the following statements that most closely defines the reason for the request:

☐ I voluntarily resigned from my position **OR** I was laid off from my position *(Individuals no longer employed by the City must make this request within three years from the date of separation. Reemployment must occur no later than three years from the separation date.)*

☐ I was promoted or changed job classifications voluntarily

☐ I am currently PART-TIME or LIMITED in the classification that I listed above and I have expired from the eligible list

☐ I left my position as a result of taking a disability retirement* **OR** I was terminated from my position because I was unable to perform the essential functions of my position as a result of a medical condition*

☐ I was terminated from my position during my probationary period

☐ My name was removed from the eligible list because I was considered for employment four times and not appointed

☐ I voluntarily accepted a demotion

***Medical documentation must be submitted to CSC with this form verifying the absence of the incapacity or disability and confirming your ability to perform the duties of your original position.**

FOR CIVIL SERVICE COMMISSION USE ONLY

Did employee separate from employment in good standing? ☐Yes ☐No ☐ Current City employee?

Date of Hire: _____ Date of Separation from City employment (if applicable): _____

Request Approved: ☐Yes ☐No Date: _____ Initials: _____

—FOR PUBLIC SAFETY REQUESTS— Date Division Notified: _____ Initials: _____