

In order to request reinstatement to an eligible list, you must complete this form and submit it to the Civil Service Commission. You will receive a letter from the Civil Service Commission advising you whether your request is approved or denied. **Be sure to complete all the information requested below. Please print clearly.**

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: _____ Work Phone: _____

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

- I am requesting reinstatement to a classification in which I previously served
List job class title(s):
- I am requesting reinstatement to a lower classification in the same class series *(as defined by CSC Rule I (6))*
List job class title(s):
- I accepted a PART-TIME or LIMITED appointment to my **current** classification and have expired from the eligible list. **List current job class title:**

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

- I voluntarily resigned 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 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 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*
- 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 the Commission 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: _____