

**CITY OF LOS ANGELES  
REQUEST FOR RESTORATION TO THE ELIGIBLE LIST**

Note: Restoration requires completion of probation in the class and separation of three years or less at the time of this request.

**Directions: Submit completed form to the human resources section of your former employing department.**

Print Last Name	First Name	EID# or Last 4-DigitsSSN
Print Mailing Address-Street	City	State and Zip Code
Print Email Address (which must be maintained to receive all correspondence)		Phone Number#

I WISH TO BE RESTORED TO THE FOLLOWING CLASS: \_\_\_\_\_

DATE OF RESIGNATION/TERMINATION: \_\_\_\_\_

REASON FOR RESIGNATION/TERMINATION FROM THE ABOVE LISTED CLASS:  
\_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED BY THE CITY IN ANOTHER CLASS?     **Yes**    **No**    If yes, \_\_\_\_\_  
(Class)

IF YOU ARE NOT NOW EMPLOYED BY THE CITY, ANSWER THE FOLLOWING: (Attach additional sheet if necessary)

a. Have you, since leaving the City, been discharged or terminated for any reason other than layoff for lack of work; resigned upon request to avoid discharge; or received a general or dishonorable discharge from the military service?  
 **Yes**    **No**

If yes, please provide the name and address of employer, date of discharge, or forced termination, and reasons.  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Have you, since leaving the City, been convicted, fined, imprisoned, placed on probation, or received a suspended sentence?  
 **Yes**    **No**

If yes, please provide the date, nature of offense, city, state, and amount of fine or sentence.  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Have you, since leaving the City, been convicted of workers' compensation fraud as either a felony or as misdemeanor? (A plea of "no lo contendere" is considered a conviction)  
 **Yes**    **No**

List work history since leaving Los Angeles City employment. (Attach additional sheet if necessary)

Dates	Employer Name and Address	Job Title	Reason for Leaving

Would you object to the Personnel Department contacting your current employer for a reference?     **Yes**    **No**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CITY OF LOS ANGELES  
REQUEST FOR RESTORATION TO THE ELIGIBLE LIST**

**FOR DEPARTMENT USE ONLY**

Note: The period of separation must be three years or less at the time of the request. The former employee must have completed probation in the class to which restoration is requested.

Directions: Submit to the Personnel Department, Room 235, 700 E. Temple St., Los Angeles, CA 90012

APPRAISAL: On the basis of his/her past work performance, how would you rate this employee on the following factors?

	OUTSTANDING	ACCEPTABLE	POOR
ATTITUDE: (Willingness, dependability, initiative)			
ABILITY: (To follow instructions, to learn new procedures)			
GETTING ALONG WITH OTHERS: (Supervisors, public)			
ATTENDANCE			

I would be willing to appoint this person if a position were open.  Yes  No

Print Name of Appointing Authority:

Signature of Appointing Authority: Date:

**PERSONNEL DEPARTMENT USE ONLY**

DATE APPOINTED	CLASS	FINAL AVERAGE
DATE EXAMINED	DEPARTMENT	DATE RESIGNED/TERMINATED
REQUISITION NO.	LIST TYPE	PROBATION END DATE
REMARKS		

BACKGROUND: CLEARED  ACTION REQUIRED

REVIEWED BY: DATE

RECOMMENDATION: **APPROVAL**  **DISAPPROVAL**

BY: Date:

General Manager or Civil Service Commission Action