PERSONNEL DEPARTMENT - REQUEST FOR REINSTATEMENT

REQUEST FOR REINSTATEMENT MUST BE SUBMITTED WITHIN FIVE (5) DAYS TO THE PERSONNEL DEPARTMENT, ROOM 235, 700 EAST TEMPLE STREET, LOS ANGELES, CA 90012 AFTER ONE OF THE FOLLOWING: (Check One)

VOLUNTARY RESIGNATION PROBA	TIONARY TERMINAT	TION	RESIGNATION TO	AVOID TERMINATION
NAME: LAST 4-DIGITS OF SSN OR EID#				
(PLEASE PRINT)				
I WISH TO BE REINSTATED TO THE	(PLEASE P	rint Class Title)		ELIGIBLE LIST.
RESIGNATION/TERMINATION / (EFFECTIVE DATE)	FROM THE			DEPARTMENT.
REASON FOR RESIGNATION/TERMINATION:				
SIGNATURE:	~*~*~*~*			*~*~*
CLASS TITLE:			CLASS CODE:	
APPOINTMENT DATE: / /	-	Resid	SNATION DATE:	/ /
FINAL AVERAGE: LIST EXPIRATION DA	ATE: /	/	OPEN:	Рком:
OPERATING DEPARTMENT'S RECOMMENDATION:	PARTMENT'S RECOMMENDATION: RESTORE:		O NOT RESTORE:	
STAFF'S RECOMMENDATION:	RESTORE:		NOT RESTORE:	
Basis for Staff's Recommendation:			_	
APPROVED: DENIED:		REFERRED TO CLASSIFICATION:		N:
Ву:			DATE:	/ /