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 En	nail Add	ress (which must be main	tained to receive all	correspondence)	Phone Number#				
I WISH	TO BE	RESTORED TO THE	FOLLOWING CLA	.SS:						
		SIGNATION/TERMINAT RESIGNATION/TERM		THE ABOVE LI	STED CL <i>i</i>	ASS:				
ARE YO	OU CUR	RENTLY EMPLOYED BY	THE CITY IN ANO	THER CLASS?	□ Yes □	No If yes,(Class)				
IF YOU	ARE NO	OT NOW EMPLOYED BY	THE CITY, ANSWE	ER THE FOLLOV	VING: (Att	ach additional sheet if necessary)				
а.	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?									
b.	Have you, since leaving the City, been convicted, fined, imprisoned, placed on probation, or received a suspended 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) . \(\subseteq \text{Yes} \subseteq \text{No} \)									
List wo	rk histo	ry since leaving Los An	geles City employ	ment. (Attach ad	ditional she	et if necessary)				
Dates		Employer Name and A	Address	Job Title		Reason for Leaving				
Would	you obj	ect to the Personnel De	epartment contacti	ng your current	employer	for a reference?				
SIGNA	TURE:			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.

	rsonnel 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, depend	*										
ABILITY: (To follow instructions,	•										
GETTING ALONG WITH OTHE	RS: (Supervisors, public)										
ATTENDANCE											
I would be willing to appoint this	s person if a position were open.	□ Yes	□ Yes □ No								
Signature of Appointing Authori	ty:	Date:	Date:								
	PERSONNEL DE	EPARTMENT USE ONL	Y								
DATE APPOINTED	CLASS		FINAL AVERA	NAL AVERAGE							
DATE EXAMINED	DEPARTMENT		DATE RESIGNED/TERMINATED								
REMARKS											
BACKGROUND: CLEARED ACTION REQUIRED											
DEVIEWED DV			A T.F.								
REVIEWED BY:		Di	ATE								
•											
RECOMMENDATION:	APPROVAL □	DISAPF	PROVAL □								
DV.		Data	Data								
BY:		Date:									
General Manager or Civil Service Commission Action											