



COMPTON UNIFIED SCHOOL DISTRICT

Office of Personnel Commission

REQUEST FOR REINSTATEMENT

Name: _____ Date: _____

My classification was: _____

Work location: _____ Date of Separation: _____

Reason for leaving District Employment: _____

Classifications Requested:

1. Former Classification: _____

2. Same or lower Classification: _____

<p align="center"><u>NOTE TO THE EMPLOYEE:</u></p> <p>When approved by the Personnel Commission, your name will be placed on the REINSTATEMENT Employment List and certified to the Appointing Authority in the Order of Precedence, when there is a vacancy.</p>	<p>My signature indicates</p> <p>1. I was a PERMANENT employee of the School District</p> <p>2. I was not terminated for the School District</p>
	<p>Signature</p>
<p align="center"><i>Senior Director – Classified Personnel</i></p>	<p>Current Address</p>
	<p>City, State, Zip Code</p>
	<p>Telephone Number</p>

<p>Memorandum to:</p>	<p>Office of the Deputy Superintendent</p>	<p>Date:</p>
<p>Subject:</p>	<p>VERIFICATION FOR REINSTATEMENT</p>	
<p>Please verify whether the above-named employee was a permanent employee of the District and whether this employee may or may not be reinstated to the Compton Unified School District in accordance with the Contract between the employee organization and the Rules and Regulations of the Classified Service.</p>		
<p>COMMENTS:</p>		
<p>_____</p> <p align="right">Deputy Superintendent/CAO</p>		

The Personnel Commission, at its meeting of _____ APPROVED, DENIED, TABLED, RATIFIED the addition of the above-named employee to the REINSTATEMENT Employment List.

Senior Director – Classified Personnel