



COMPTON UNIFIED SCHOOL DISTRICT

Office of the 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: _____

NOTE TO THE EMPLOYEE:

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.

My signature indicates

1. I was a **PERMANENT** employee of the School District
2. I was not **terminated** for the School District

Signature

Current Address

City, State, Zip Code

Telephone Number

Senior Director – Classified Personnel

Memorandum to:

Office of the Superintendent

Date:

Subject:

VERIFICATION FOR REINSTATEMENT

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.

COMMENTS:

Superintendent/CAO

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