**Reinstatement Request**

Name:  Former Employee SAP ID # (not badge #):

EXACT date you left your former classification:

Former Job Classification: Former Department:

List job classification title(s) for which you would like to be considered:

Phone Number: Email:

Shift Availability: Job Availability: Bilingual?

|  |  |  |
| --- | --- | --- |
| Day Shift Rotating Shift | Full-time | Yes |
| Graveyard Shift Swing Shift | Part-time(19 or less/wk) | No |
| Weekend Shift | Part-time(21+ hrs/wk) | Language? |

**I understand my name may be referred to all departments including my current or former department, unless I opt out:**

I ***do not*** want my name to be referred to the following departments:

Note: Candidates from the Reinstatement lists are contacted at the discretion of the Department. Candidates who highlight their qualifications and skills for the position have an increased chance of being offered an interview. Therefore, we highly encourage you attach a resume to your request. Candidates will not be notified of vacancies. Human Resources will not notify candidates when Reinstatement applications expire.

**By signing this form, you acknowledge the hiring manager may contact your current Supervisor.**

**Final determination as to which classification(s) employees are eligible for Reinstatement requests will be made by the Department of Human Resources.**

EMPLOYEE SIGNATURE DATE

DEPARTMENT OF HUMAN RESOURCES DATE

\_\_\_\_\_\_ Approved as requested \_\_\_\_\_\_ Approved with changes \_\_\_\_\_\_ Denied

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A **REINSTATEMENT** consists of placement in a classification in which you formerly held permanent status or to a classification that requires reasonably similar knowledge, skills and abilities to that classification.

Once those classifications into which you are eligible to reinstate are determined, your name will be placed on the corresponding eligible lists. Your name will remain on those eligible lists for one (1) year from the date you left your former classification or until you accept a reinstatement, whichever occurs first.

*I understand that I may remain on eligible lists as a reinstatement for up to one (1) year from the date I left my former classification. I also understand that if appointed as a reinstatement, I must serve a new probationary period if I had resigned from my former classification. {Per Section 5.195 of the Washoe County Personnel Handbook.}*

**ONCE THIS FORM HAS BEEN COMPLETED AND SIGNED**

**PLEASE SCAN AND EMAIL TO: CAREERS@WASHOECOUNTY.GOV**