

NEWPORT-MESA UNIFIED SCHOOL DISTRICT
Office of the Personnel Commission

REQUEST FOR REINSTATEMENT

Name: _____ Date: _____
Please Print

Address: _____
Street City State Zip

Telephone: Home: _____ Work: _____

Last four (4) digits Social Security Number or NMUSD Employee ID number: _____

Previous job titles (classifications): _____

What school or locations would you like to be reinstated to, in order of choice: ☐ Any Site

1. _____ 2. _____

Reason(s) for requesting reinstatement: _____

FOR OFFICE USE ONLY

STATUS: ☐ **PERMANENT** ☐ **SUBSTITUTE**

Hire date: _____ **Permanency date:** _____ **Anniversary date:** _____

Last working day: _____ **Range and step on last work day:** _____

Verification of previous classifications:

Status of Evaluation: ☐ **SATISFACTORY** ☐ **UNSATISFACTORY** ☐ **LETTERS OF REPRIMAND**

Enter dates:

TB expires: _____ **Physical:** _____ **Drug screen:** _____

Former Employee ID Number: _____

Prepared by: _____

☐ **APPROVED – For Reinstatement, Eligible for Benefits**

☐ **APPROVED – For Reinstatement, Substitute Only**

☐ **NO PERMANENT STATUS – Reinstatement Does Not Apply**

☐ **REINSTATEMENT DENIED**

Director of Classified Personnel

Date