



**REQUEST FOR REINSTATEMENT OR RE-EMPLOYMENT**

**HUMAN RESOURCES DIVISION**

To be filled out in duplicate and all forms sent to the Human Resources Division. An approved copy will be forwarded to the appointing authority.

City or Town: \_\_\_\_\_  
Department: \_\_\_\_\_  
Division: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

Requisition Number: \_\_\_\_\_  
Department Number: \_\_\_\_\_

**Request is made to reinstate or re-employ:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
SSN: \_\_\_\_\_

**POSITION TO WHICH REINSTATEMENT IS PROPOSED**

Title: \_\_\_\_\_ Title Code: \_\_\_\_\_  
Salary: \_\_\_\_\_ per \_\_\_\_\_  
Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_ Military Substitute: \_\_\_\_\_  
Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Intermittent: \_\_\_\_\_ Reserve: \_\_\_\_\_  
Duties of Position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POSITION FORMERLY OCCUPIED BY EMPLOYEE WHOSE REINSTATEMENT IS PROPOSED**

Title: \_\_\_\_\_  
Salary: \_\_\_\_\_ per \_\_\_\_\_  
Last Date of PAID Employment: \_\_\_\_\_  
Reason for termination of service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

Reason for requested reinstatement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If reinstatement is after separation from service, state reasons why it would be in the public interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date of reinstatement: \_\_\_\_\_  
If reinstatement is temporary, to end: \_\_\_\_\_

<p><b>MASS. HRD USE ONLY</b> <b>APPROVED</b> <b>HUMAN RESOURCES DIVISION</b></p> <p><b>BY:</b> _____</p> <p><b>REQ. NO.:</b> _____</p> <p><b>DEPT. NO.:</b> _____</p>
---

Signed: \_\_\_\_\_  
(Signature of officer authorized by law to make appointment)  
Typed Name: \_\_\_\_\_  
Typed Title: \_\_\_\_\_  
Address: \_\_\_\_\_