

Reinstatements are subject to Regulation V, Section IX of The City University of New York Personnel Rules and Regulations, and the Terms and Conditions enumerated below.

TERMS AND CONDITIONS

1. A request for reinstatement does not constitute a right of reinstatement. The College Human Resources Personnel Director must be willing to reinstate the former permanent employee.
2. A reinstated person without continuous service is subject to: a new probationary period, (a portion of which may be waived as stated in the Rules and Regulations of CUNY), investigation, medical or other qualifying tests or requirements as the University Human Resource Management Services Director may determine.
3. The **satisfactory completion** of L-1 Identity Solutions fingerprinting, plus a CUNY application form must be submitted with this form for a person reinstated without continuous service. Also, an eligibility determination fee in the appropriate current amount should be submitted.

ELIGIBILITY

- a. Former permanent employees of CUNY as well as former permanent employees of other jurisdictions who have resigned or retired under honorable circumstances can file a Request for Reinstatement form. A reinstatement must be accomplished within the prescribed period of time indicated in the Rules and Regulations of CUNY. Ordinarily, a reinstatement may not be granted if the employee has been separated for more than four years from the date of resignation or retirement.
- b. Former CUNY/Jurisdictional permanent employees with less than one year of service are ineligible for reinstatement.
 - b. CUNY/Jurisdictional permanent employees may not be eligible to be reinstated when a CUNY transfer roster has 3 or more names on it. **Exception:** Former CUNY permanent employees who are requesting reinstatement at their former college.
 - c. A preferred list shall bar any reinstatement.

The College Human Resources Personnel Director should submit this form together with the above-mentioned required documents to the University Human Resource Management Services Office at least two weeks prior to the proposed effective date for reinstatement. (SEE ABOVE TERMS AND CONDITIONS.)

REQUEST FOR REINSTATEMENT
(TO BE COMPLETED BY APPLICANT)

College Name: _____

Name: _____

Address: _____

Requested Title: _____

SSN #: _____ / _____ / _____ D.O.B.: _____ / _____ / _____

SECTION Ia: FORMER STATUS: (To be completed by applicant.)

CUNY College _____ OR, Other _____

C.S. Jurisdiction: (e.g. City of New York) _____

C.S. Title: _____ Level (if any): _____

Last Annual Salary: _____ Date Appointed from C.S. List: _____

Actual Permanent Time Served in Title: **(DO NOT INCLUDE TIME OFF PAYROLL OR PROVISIONAL SERVICE WHEN ENTERING YEARS AND MONTHS.)** Years _____ Months _____

Immediate Supervisor's Name: _____

Supervisor's Telephone No.: (____) _____

Date Resigned: _____ or Date Retired: _____

If retired, was retirement under a special retirement incentive plan?

____ Yes ____ No; (If yes, you may not be eligible for reinstatement.)

SECTION Ib: OTHER ELIGIBLE TIME: (To be completed by applicant.)

Please state below any **permanent** position you held other than that listed in Section Ia above which can be counted towards meeting your eligibility time requirement for reinstatement:

CUNY College _____ OR Other _____

CS. Jurisdiction: (e.g. City of New York) _____

C.S. Title: _____ Level (if any): _____

Last Annual Salary: _____ Date Appointed from CS. List: _____

Actual Permanent Time Served in Title: **(DO NOT INCLUDE TIME OFF PAYROLL OR PROVISIONAL SERVICE WHEN ENTERING YEARS AND MONTHS.)** Years _____ Months _____

Immediate Supervisor's Name: _____

Supervisor's Telephone No.: (____) _____

Date Resigned: _____ or Date Retired: _____

SECTION Ia: REINSTATEMENT REQUEST: (To be completed by applicant.)

I hereby request to be reinstated. I understand that this application does not confer upon me the right to reinstatement and that such reinstatement, if granted, is subject to the terms and conditions contained on this form. I have read, understand, and agree to the terms and conditions of this reinstatement as set forth on all sides of this form and all CUNY Rules and Regulations governing reinstatement.

Signature of Applicant

Date

SECTION IIa: PROPOSED STATUS: (to be completed by college)

C.S. Title: _____ Level, (if any): _____

Salary: _____

Probationary Period: One Year _____

Other _____

Continuous CUNY Service: _____ Yes _____ No (if yes, give annual leave accrual rate) _____

If the applicant is a former permanent CUNY employee whose reinstatement would occur within one year, please refer to PPB #13-90, pg. 23, and indicate number of accrued sick leave days that are being re-credited. _____ (Attach supporting documentation.)

If the applicant is a former permanent employee from a different jurisdiction whose reinstatement would occur within one year, please refer to PPB #13-90, page 21, and indicate number of accrued sick leave days that are being advanced. _____

SECTION IIb CERTIFICATION OF COLLEGE HUMAN RESOURCES PERSONNEL DIRECTOR

I have verified with the former employer (s) listed in sections Ia and Ib above that the data supplied by the applicant are accurate and true. In addition, the former employer(s) have confirmed that the proposed person was separated from the above-mentioned position(s) for reasons other than fault or delinquency on his/her part.

Signature of College Human Resources Personnel Director

Date

**FOR USE BY
UNIVERSITY HUMAN RESOURCES MANAGEMENT SERVICES OFFICE**

COLLEGE: _____ **NAME:** _____ **TITLE/LEVEL:** _____

Actual Time Served: Years _____ Months _____

Time Off Payroll: Years _____ Months _____

Transfer Roster: N/A _____ Yes _____ No _____

Preferred List: Yes _____ No _____

Reinstatement: **Approved** _____ **Disapproved** _____

Effective Date: _____

Signature of Authorized
University Human Resources Management Services
Staff Member

Date

Signature of University Human Resources Management Services
Director

Date