



ADMINISTRATIVE MANUAL

Section

**FILLING A POSITION – OTHER
THAN LIST OF ELIGIBLES**

Subject

**Restoration to An Eligible List -
Procedure**

Reference:

Administrative Manual, Section 20-25, Restoration to An Eligible List — Guidelines

PROCEDURE*Responsibility**Action*

INDIVIDUAL

1. Determine that the criteria detailed in Administrative Manual, Section 20-25, have been met
2. Prepare a Request for Restoration to Eligible List, Form PDAS 24 (sample, page 2).

The form is available from the Personnel Department, the Department's Personnel Records Section, or business unit personnel offices.

3. Submit the original and two copies of the form to the business unit personnel office in which you were last employed in the Civil Service class to which restoration is requested.

BUSINESS UNIT PERSONNEL OFFICE

Verify and provide information, as appropriate, and forward to the Business Unit Director.

BUSINESS UNIT DIRECTOR

Complete the "Appraisal" section of the form and indicate whether you would be willing to appoint the individual if a position were open (refer to Item 15, page 4).

If restoration is not recommended, the reasons should be substantiated and attached to the form.

Transmit the original and two copies of the form to Personnel Records.

PERSONNEL RECORDS

Process and forward the forms to the Personnel Department

Form PDAS 24

Request for Restoration to Eligible List



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CITY OF LOS ANGELES
REQUEST FOR RESTORATION TO ELIGIBLE LIST

REG-1-Entry
DUP-1-Dir.
TRIP-1-Admin

INSTRUCTIONS: Submit three copies of request to the Personnel Department. Type or print carefully. Be sure that all copies are legible. Answer all applicable questions on this side of form only.

Class to Which You Wish to Be Restored (1) Date of Termination (2) Date Available For Appointment (3)

List Reasons For Termination From Above Class (4) Are You Presently Employed By The City In Another Class? YES NO (5)

IF YOU ARE NOT NOW EMPLOYED BY THE CITY, ANSWER THE FOLLOWING, ATTACH ADDITIONAL SHEETS IF NECESSARY.

a. Have you, since leaving the City, been discharged or terminated for any reason other than layoff for lack of work, or have you resigned upon request to avoid discharge, or have you received a general or dishonorable discharge from the military service? Give name and address of employer, date of discharge or forced termination and reasons. YES NO (6) IF ANSWER "YES" EXPLAIN BELOW

b. Have you, since leaving the City, been convicted, fined, imprisoned, placed on probation, or received a suspended sentence? Give date, nature of offense, City, State, and amount of fine or sentence. YES NO (6)

LIST WORK HISTORY SINCE LEAVING LOS ANGELES CITY EMPLOYMENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Date From - To	Employer Name and Address	Job Title	Reason for leaving
(7)			

PRINT MAILING ADDRESS (8) EMPLOYER PHONE NO. (9) SOCIAL SECURITY NO. (10)

PRINT FULL NAME (First) (11) (Middle) (Last) SIGNATURE (12) DATE (13)

PHAS 24 (Rev. 11-79)

(14) **FOR DEPARTMENTAL USE ONLY**

APPRAISAL: On the basis of his work for you, how would you rate this employee on the following factors? (Check One)

	OUTSTANDING	ACCEPTABLE	POOR
ATTITUDE: (Willingness, dependability, initiative)			
ABILITY: (To follow instructions, to learn new procedures)			
GETTING ALONG WITH OTHERS: (Supervisors, public)			
ATTENDANCE			

(15) I Would Be Willing to Appoint This Person, if a Position Were Open. Signature of Appointing Authority: (16)

FOR PERSONNEL DEPARTMENT USE ONLY

DATE APPOINTED	CLASS	FINAL AVERAGE
DATE EXAMINED	DEPARTMENT	DATE TERMINATED

REMARKS:

Existing Lists	DATE ESTABLISHED	NUMBER AVAILABLE	POSITION ON LIST IF RESTORED

Recommendation: APPROVAL DISAPPROVAL

By: _____

CONTRIBUTOR NUMBER OF CIVIL SERVICE COMMISSION ACTION



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Preparation of Form PDAS 24 Request for Restoration to Eligible List

Prepare an original and two (2) copies of the form according to the following instructions:

EMPLOYEE

1. **Class to which you wish to be restored**
The title of the Civil Service class to which you wish to be restored.
2. **Date of termination**
The date your service in the class was terminated.
3. **Date available for appointment**
The date you will be available for employment 'in this class.
4. **List reasons for termination from above class**
Reasons for termination in full.
5. **Are you presently employed by the City in another class? YES/NO**
Check the appropriate box.
6. **If you are not now employed by the City. .**
Check the appropriate box to answer both questions in this section. If either is "Yes", explain in detail by attaching additional sheets as necessary.
7. **Work history**
List work history since leaving City service. Attach additional sheets if necessary.
8. **Mailing address**
The address at which you receive your mail, including city and zip code number.
9. **Telephone**
Your residence telephone number.



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10. Social Security number

Enter your Social Security number.

11. Full Name

Your first, middle, and last names.

12. Signature

Sign your name on the original and both copies.

13. Date

The date the form is prepared.

BUSINESS UNIT DIRECTOR

14. Appraisal

Check one box for each factor listed.

15. I would be willing...

Write "YES" or "NO".

16. Signature of appointing authority

Sign in the name of the General Manager and Chief Engineer.