



New York State Unified Court System
APPLICATION FOR REINSTATEMENT

Applicant

Name _____ Former Title _____ Former Court/Agency _____

Former Status: Permanent Other UCS Service: From: _____ To: _____

Reason for separation from the court system _____

Court / Agency and Title to which reinstatement is requested _____

Reason for requesting reinstatement _____

Employment since separation from the court system:

| <u>Name & Address of Employer</u> | <u>Title</u> | <u>From</u> | <u>To</u> | <u>Reason for Leaving</u> |
|---------------------------------------|--------------|-------------|-----------|---------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

I certify that the information furnished by me in support of this application is, to the best of my knowledge, true and correct.

Signature of Applicant _____ Date _____

Approvals

Approval Recommended Approval Not Recommended

Nominating Authority _____ Title _____ Date _____

District Executive / NYC Chief Clerk / Manager _____ Date _____

Approval Recommended Approval Not Recommended

Deputy Chief Administrative Judge or designee _____ Date _____

Approved Denied

Chief Administrative Judge or designee _____ Date _____