UNIVERSITY of WISCONSIN
UWMILWAUKEE

Department of Human Resources

UWM

REQUEST FOR REINSTATEMENT TO STATE CLASSIFIED SERVICE

Please attach a copy of your resume when you return this form.

Name: _____ _____ _____
(Last) (First) (MI)

Home Address: _____

City/State/ZIP: _____ Home Phone: _____

Work Phone: _____ Sex: _____ *Ethnic Code: _____

Last 4 Digits of SSN: _____ Last Day Worked: _____

Former Job Classification: _____

Former Agency/Department: _____

1) Specific Job Vacancy Requested: _____
(Title) (Department)

2) Specific Job Vacancy Requested: _____
(Title) (Department)

3) Specific Job Vacancy Requested: _____
(Title) (Department)

4) Specific Job Vacancy Requested: _____
(Title) (Department)

5) Specific Job Vacancy Requested: _____
(Title) (Department)

Signature: _____
(Date)

Received by Human Resources: _____
(Signature) (Date)

* Ethnic Code:
1. Black
2. Asian/Pacific Islander
3. American Indian/Alaskan Native
4. Hispanic
5. White (not Hispanic origin)

Revised 04/2007

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