



COUNTY OF ONONDAGA DEPARTMENT OF PERSONNEL

John H. Mulroy Civic Center
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PETER TROIANO
COMMISSIONER

REQUEST FOR REINSTATEMENT TO AN ONONDAGA COUNTY ELIGIBLE LIST

**Complete this form if you wish to be reactivated or to remove restrictions to an active eligible list.
Submit this form to the above address.**

Please reinstate me to the following eligible list:

Exam title: _____

Exam # (if known): _____

Your name: _____

Social Security #: _____

Any restrictions you have requested through the canvass of this list will remain in effect unless you indicate you want them removed:

Remove All Restrictions

Remove the Following Restrictions:

Signature: _____ Date: _____