



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

RESTORATION TO ELIGIBLE LIST FROM LEAVE WITHOUT RIGHT TO RETURN

This form must be accompanied by a completed County Employment Application
(A Supplemental Application may be required in addition to the County Employment Application)

The list placement period is 90 calendar days, and during that time, your name will be certified for openings that match the location, shift and special skills indicated on your application.

Must print in Black or Blue ink ONLY.

Employee ID	Rcd No.	Last Name, First Name	
Mailing Address, City, State, Zip Code			
Home Telephone ()		Business/Message Telephone ()	
Job Code Title		Former Department	

Employee Signature	Date
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Office Use Only

EBSD–Leaves Team

Leave Begin Date	Leave End Date	Date Sent to Employment-HR
Authorized Signature		Date

Employment-HR

Date Placed on Eligibility List		Department Employee Hired By	Date
Employee Not Selected <input type="checkbox"/>	Date Removed from Eligibility List	Date Sent to EBSD-Leaves Team	Date PR Completed
Authorized Signature			Date

This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

DISTRIBUTION: Original – County of San Bernardino, Human Resources

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