

Request for Reemployment Form

Request

Name:	Position Title:	
Please check the appropr	riate boxes for your request.	
\Box I request empl \Box I request reem	oyment as a PERS retiree beginning:	nt classification title:
	d understand the City of McMinnville's F	
Employee Name:		
Employee Signature:		Date:
	Supervisor Review	•
☐ Approved, Clas	ssification Title and Salary Step:	
Supervisor Name:		-
Supervisor Signature:		Date:
	Human Resources Rev	riew
☐ Approved ☐ Denied		
Human Resources Name	:	
Human Resources Signat	ure.	Date: