



# City of McMinnville

POLICE

121 SW Adams St., McMinnville, Oregon 97128

www.mcminnvilleoregon.gov

## Request for Reemployment Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position Title

I intend to retire on \_\_\_\_\_ and be reemployed the following day \_\_\_\_\_.

I have read and understand the Memorandum of Understanding between the City of McMinnville and the McMinnville Police Association outlining this process.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Supervisor Approval

Approved, Classification Title and Salary Step: \_\_\_\_\_  
Denied

\_\_\_\_\_  
Supervisor Name (printed)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

### Human Resources Approval

Approved  
Denied

\_\_\_\_\_  
HR Manager Name (printed)

\_\_\_\_\_  
HR Manager Signature

\_\_\_\_\_  
Date

### City Manager Approval

Approved  
Denied

\_\_\_\_\_  
City Manager Name (printed)

\_\_\_\_\_  
City Manager Signature

\_\_\_\_\_  
Date