



Department of Employee Relations
200 E. Wells Street, Room 706
Milwaukee, WI 53202-3554

REQUEST FOR REINSTATEMENT

Rule X, Section 8 of the City Service Rules allows individuals who resigned or took a voluntary demotion, and were in good standing with their department, to request reinstatement. Requests must be approved by the department to which the former employee wants to be reinstated. Requests made more than three years from the date of separation must also be approved by the City Service Commission. An employee may only be appointed by reinstatement twice.

Applicants for reinstatement must submit this form and a Reinstatement Request Application to the Department of Employee Relations. Both documents are required in order to be considered for reinstatement.

Applicants are notified when a request is approved or denied. If approved, and the position previously held is currently vacant with an intent by the department to fill it, the individual has rights to that position. If an appropriate vacancy does not exist, the individual's name is placed on a reinstatement list for that title, and sent notices for interviews as other vacancies occur. Reinstatement lists are active for two years, but may be extended by the City Service Commission. Candidates being considered for placement via reinstatement will be subject to a conviction record review and satisfactory completion of a pre-placement testing, if required.

At the time of reappointment, the individual shall receive salary, service credit towards benefits, and job class seniority. Job class seniority is determined by City Service Rules. *The CSC policy on reinstatement does not address employee's ERS contributions or benefits. Employees who are reinstated must contact the Employees' Retirement System directly in regard to their pension contributions or benefits.*

Benefits Restored Upon Reinstatement	
Salary	Same salary as at time of resignation or to the minimum of the pay range, whichever is greater.
Service Credit Toward Vacation Accrual	Service credit is adjusted to reflect the absence from service.
Service Credit Toward Job Class Seniority	Job class seniority is adjusted to reflect the absence from service.
Sick Leave Balance	Restored to balance at time of resignation.

WHEN REQUESTING REINSTATEMENT, YOU MUST PROVIDE THE FOLLOWING INFORMATION (type or print legibly):

Name:

Address

Phone No

Employee ID:

Date of Separation from Service:

Reinstatement to which Department & Division:

Reinstatement to which Job Title:

Department & Division Where Last Employed:

I have read and understand the information above. I am requesting that my name be placed on the reinstatement list for the Job Title listed above.

Signature

Date

**YOU MUST ATTACH A COMPLETED REINSTATEMENT APPLICATION TO THIS REQUEST
ALL REINSTATEMENT REQUESTS MUST BE SENT TO DERcertification@Milwaukee.gov.**



APPLICATION FOR REINSTATEMENT TO

Dept. of Employee Relations
Room 706, City Hall
200 E. Wells St.
Milwaukee, WI 53202-3554
(414) 286-3751
TDD (414) 286-2960
www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT:

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on page 4.
4. Keep a copy of completed application materials for your files.

Name Last LOPEZ-BLASINI First LEILANI Middle Initial) _____

Ad _____
Cit _____
Day _____
Cell _____

List any other names by which you have been known on official records:

Please list the following information about your previous employment with the City of Milwaukee:

POSITION TITLE	DEPARTMENT	EMPLOYEE ID #	FROM (MO./YR.)	TO (MO./YR.)
Program Assistant III	DPW	026320	06/2021	09/2022

OPEN RECORDS/PUBLIC INFORMATION

The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.

Do you wish to reveal your identity? Yes ☐ No ☒

In accordance with the Immigration Reform Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

Are you able to provide documentation that demonstrates that you are legally authorized to work in the United States?

Yes ☒ No ☐

Do you have relatives working for the City of Milwaukee? If Yes, list names, relationship and Department/Agency
Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of
Milwaukee employees

Yes ☐ No ☒

EDUCATION AND TRAINING

Did you graduate from High School? ☒ Yes ☐ No

If Yes, List High School Name, Address, City and State _____

If you did not graduate from high school, do you have a General Education Development Certificate (GED) or a
High School Proficiency Certification? ☐ Yes ☐ No

If Yes, enter date issued and certificate number: _____

Training beyond high school (college or university, nursing, business college, military or other training you have received).
Under credits earned, indicate Q for quarter hours or S for semester hours.

NAME, CITY & STATE	MAJOR/MINOR COURSE OF STUDY	DATES OF ATTENDANCE	DEGREE PURSUED	# OF CREDITS/DATE GRADUATED
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UW-MILWAUKEE,	EDUCATION POLICY & COMMUNITY STUDIES,	2004-2008,	BS,	12/2008
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UW-MILWAUKEE,	CULTURAL FOUNDATIONS OF EDUCATION,	2008-2009,	MS,	12/2009
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LICENSES & CERTIFICATIONS

Related to or required by the position for which you are applying. Do you have any current
occupational and professional licenses and certificates? YES _____ NO ☒

LICENSE/CERTIFICATE TYPE	ISSUING AGENCY/BOARD	SERIAL #
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EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION. ATTACH ADDITIONAL PAGES IF NECESSARY.

Employer MEDICAL COLLEGE OF WISCONSIN	From (month/year): <u>09/2022</u> To (month/year): <u>PRESENT</u>
Address 2153 N MLK DR	
Your Title DATA MANAGER	<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time Hours per week: <u>40</u>
Supervisor's Name, Title and Phone Number CONSTANCE KOSTELAC, DIRECTOR, 414-955-8670	Reasons for leaving: STILL EMLPOYED
Duties: Developing data management policies and standard operating procedures, Collecting, cleaning, analyzing, reporting, and geocoding violent incident data, Data quality improvement, assurance, and equity, Building and maintaining relationships with partners and community stake holders, Scheduling and facilitating of community strategizing convenings, Strategic planning, drafting of meeting agendas and meeting minutes, Supporting data users, and troubleshooting data-related problems	
Employer CITY OF MILWAUKEE	From (month/year): <u>12/2015</u> To (month/year): <u>09/2022</u>
Address 3850 N 35TH ST	
Your Title <small>PROGRAM ASSISTANT III, COMMUNICATIONS ASSISTANT V, COMMUNICATIONS ASSISTANT II, Temp</small>	<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time Hours per week: <u>40</u>
Supervisor's Name, Title and Phone Number TIM GARCZYNSKI, WATER DISTRIBUTION MANAGER, 414-286-6301	Reasons for leaving: PROMOTIONAL OPPORTUNITY
Duties: Data migration, Project coordination and data management for water line replacements, Statistical analysis, tracking, and reporting of replacements and inventory, Developed standard operating and training procedures , Trained new hires	
Employer BOYS AND GIRLS CLUB OF GREATER MILWAUKEE	From (month/year): <u>04/2015</u> To (month/year): <u>09/2015</u>
Address 1558 N 6TH ST	
Your Title PARENT PARTNER	<input checked="" type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: <u>20</u>
Supervisor's Name, Title and Phone Number MELANIE WEAVER, CLUB MANAGER, 414-217-5222	Reasons for leaving: FULL TIME WORK
Duties: <small>*Project/Program planning and implementation • Coordinating activities for monthly family events, including actively seeking parental involvement • Support to Club sites with outcome goals and objectives based on needs of members, families, and community • Establish and maintain a rapport with Club, School staff and parents • Written documentation of program implementation • Tracking member participation in assigned program areas and documenting results and progress of members • Monthly, quarterly, and/or annual reports • Engage families of participants in to enhance student reading progress • Home visits • Assists with coordinating SPARK Home Library program so it aligns with family events • Work with teachers, site managers, and tutors to ensure parents receive information on their children's progress and how best to support their children's achievement • Implementing and participating in programs, projects, and special events</small>	

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above.

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. I forever waive, release and covenant not to sue any person or organization as a result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. A copy of this authorization shall be effective as the original.

SIGNATURE LEILANI LOPEZ-BLASINI Digitally signed by LEILANI LOPEZ-BLASINI
Date: 2025.02.17 17:35:22 -06'00'

DATE: 02/17/2025



**Department of Public Works
Administration**

Jerrel Kruschke, P.E.
Commissioner of Public Works

Dan Thomas, M.P.A., J.D.
Director of Administrative Services

February 20, 2025

The Board Civil Service Commission
City Hall Room 706
200 E. Wells Street
Milwaukee, WI 53202

Re: Request for Reinstatement: Lopez-Blasini, Leilani

Dear Commissioners,

I am writing to inform you of the Department's position regarding the reinstatement of Leilani Lopez-Blasini.

The Department of Public Works is in support of Leilani Lopez-Blasini's reinstatement to the title of Communications Assistant V.

If you have any questions, please contact me at 414-286-3307.

Sincerely,

Signed by:

FA7CE1AF35AD4CA...

Dan Thomas, M.P.A., J.D.
DPW Administrative Services Director

C: Jane Islo
Dan Thomas
Joshua Stratton
File