

May 12, 2026

Jackie Q. Carter
Employee Relations Director
Commission Executive Secretary
200 E Wells Street
Milwaukee, WI 53202

Dear Director Carter:

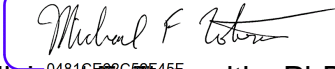
Pursuant to Rule X, Section 8, a request has been received from Kori to be reinstated to their former position, Public Health Nurse 3, with the City of Milwaukee Health Department (MHD).

The MHD is in support of Kori's reinstatement. Kori has been and will be vital member of the City of Milwaukee team.

If you have questions, please contact Lindsey O'Connor at (414)286-6406 or loconnor@Milwaukee.gov.

Sincerely,

Signed by:



0481CE02C57F45F
Michael F. Totoraitis, PhD
Commissioner of Health



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: Hori Cadiramen

Address: [REDACTED]

Phone No.: [REDACTED]

Employee ID: 027112

Date of Separation from Service: 03/2021

Reinstatement to which Department & Division: Health Dept.

Reinstatement to which Job Title: Public Health Nurse

Department & Division Where Last Employed: Health Dept.

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

Hori Cadiramen

Signature

5/5/26

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

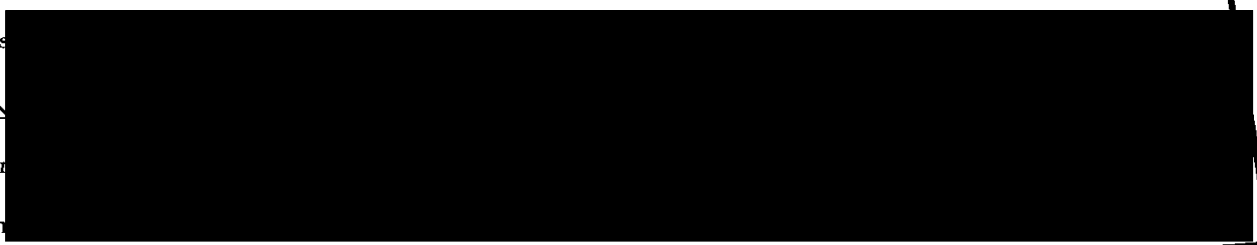
Dept. of Employee Relations
Room 706, City Hall
200 E. Wells St.
Milwaukee, WI 53202-3554
(414) 286-3751
TDD (414) 286-2960
www.milwaukee.gov/jobs

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 Cadiramen First Vari Middle Initial) M

Address



City M

Day phone

Cell phone

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

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.)
<u>PHN 3</u>	<u>MHD</u>	<u>027112</u>	<u>07/16</u>	<u>03/22</u>

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 St. Francis High School, 4225 S. Lane Dr
St. Francis, WI 53235

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
<u>Alverno College</u> <u>Milwaukee, WI</u>	<u>BSN, Registered Nurse</u>	<u>01/13-05/16</u>	<u>BSN, RN</u>	<u>05/2016</u>

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 #
<u>Registered Nurse</u>	<u>State of Wisconsin</u>	<u>229360-30</u>

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 Children's Wisconsin	From (month/year): 06/2025 To (month/year): Present
Address 8915 W Connell Ct, Milwaukee	
Your Title RN - urgent care	<input checked="" type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: Varies 12-30
Supervisor's Name, Title and Phone Number Ann-Marie Meissner, RN Supervisor, 262-613-9578	Reasons for leaving: May not leave as I am currently on casual
Duties: Rooming, documentation, procedures, immunizations, client education	
Employer Self	From (month/year): 03/2021 To (month/year): 06/2025
Address 17320 W Horizon Dr, New Berlin	
Your Title Household manager / in home childcare provider	<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time Hours per week: 40+
Supervisor's Name, Title and Phone Number N/A	Reasons for leaving: To obtain a job as an RN
Duties: managed and provided daily care for up to 6 children while managing household needs.	
Employer Milwaukee Health Dept.	From (month/year): 06 07/16 To (month/year): 03/21
Address 1639 S. 23rd St Milwaukee, WI	
Your Title Public Health Nurse 3	<input checked="" type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: 32
Supervisor's Name, Title and Phone Number Nora Alaniz, PHN Supervisor	Reasons for leaving: To manage children's and household needs
Duties: PNCC program home visiting. Did home visits for pregnant mother's and infants. Provided health teaching. Conducted immunization clinics and health fairs.	

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 *He Crutian*

DATE: 5/5/26