



Department of Public Works
Administration

May 27, 2021

Jeffrey S. Polenske, P.E.
Commissioner of Public Works

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

Makda Fessahaye
Employee Relations Director
City Hall, Room 706
200 E. Wells Street
Milwaukee, WI 53202

Re: Request for Reinstatement: Thao, James

Dear Ms. Fessahaye

I am writing to inform you of the Department's position regarding the reinstatement of Mr. James Thao.

The Department of Public Works is in support of Mr. Thao's reinstatement to the title of Water Meter Technician.

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

Sincerely,

DocuSigned by:

Dan Thomas

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Dan Thomas, M.P.A., J.D.

DPW Administrative Services Director

C: Patrick Pauly
Amy Hefter
Andrew Simons
File



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 employees 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 one year from resignation 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 along with a Reinstatement Request Application to the Department of Employee Relations. Both documents are required 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 is placed on a reinstatement list, 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 criminal conviction record review and satisfactory completion of a pre-placement medical examination and drug screen.

At the time of re-hire the individual shall receive salary, service credit towards benefits, and job class seniority according to the table below. 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 regards to their pension contributions or benefits.*

Benefits Restored Upon Reinstatement	When Reinstated Within Three Years of Resignation	When Reinstated Three or More Years after Resignation
Salary	Same salary as at time of resignation or to the minimum of the pay range, whichever is greater.	Same salary as at time of resignation or to the minimum of the pay range, whichever is greater.
Service Credit Towards Vacation Accrual	Service credit is adjusted to reflect the absence from service.	No prior service credit granted
Service Credit Towards Job Class Seniority	Job class seniority is adjusted to reflect the absence from service.	No prior service credit granted
Sick Leave Balance	Restored to balance at time of resignation	No sick leave balance is restored

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

Name: James E Thao

Address: [REDACTED]

Zip Code: [REDACTED]

Phone No.: [REDACTED]

Email: [REDACTED]

Employee ID: [REDACTED]

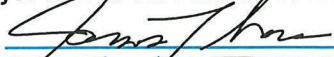
Date of Separation From Service: 09/2019

Reinstatement to which Department & Division: Water Works - Distribution

Reinstatement to which Job Title: Distribution Repair Worker II

Department & Division Where Last Employed: Water Works - Distribution

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.


James Thao (May 17, 2021 20:09 CDT)

May 17, 2021

Signature

Date

YOU MUST ATTACH A COMPLETED REINSTATEMENT APPLICATION TO THIS REQUEST



**APPLICATION FOR
REINSTATEMENT
TO
Distribution Repair Worker II**

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 Thao First James Middle Initial) E

Address [REDACTED]

City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Day phone: [REDACTED] Evening phone: [REDACTED]

Cell phone: [REDACTED] Email Address: [REDACTED]

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

"James Yang"

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.)
Distribution Repair Worker II	Water - Distribution	[REDACTED]	05/17 - 09/19

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 X

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 X 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 Brown Deer High School, 8060 N 60th, Brown Deer, WI

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: N/A

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
Western Governor's University, Salt Lake City, UT,	Computer Science,	2017-Current,	Bachelors,	58 Credits

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 ☐

Commercial Drive License, Class A	State of Wisconsin	
LICENSE/CERTIFICATE TYPE	ISSUING AGENCY/BOARD	SERIAL #

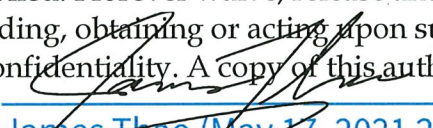
EMPLOYMENT HISTORY

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 City of Milwaukee Address 3850 N 35th St	From (month/year): 05/2019 To (month/year): 09/2019
Your Title Distribution Repair Worker II	<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time Hours per week: 40+
Supervisor's Name, Title and Phone Number Serita W. Supervisor (414)708-2753	Reasons for leaving: Family needs.
Duties: Water main repair and maintenance, hydrant repair/replace, excavation, operation Class B + A vehicles.	
Employer City of Milwaukee Address 2919 W Cameron Ave.	From (month/year): 05/2017 To (month/year): 05/2019
Your Title Water Meter Technician	<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time Hours per week: 40+
Supervisor's Name, Title and Phone Number Richard Davila, Manager [REDACTED]	Reasons for leaving: Promotion within department
Duties: Water meter repair, recycle, diagnose, replace. Pit meter replace/inspect.	
Employer Address	From (month/year): _____ To (month/year): _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	

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  James Thao (May 17, 2021 20:09 CDT)

DATE: May 17, 2021

City of Milwaukee
Voluntary Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

Your birthdate (Must be provided and will be used for conviction verification)

PLEASE PRINT OR TYPE

Name: <u>Thao</u>	<u>James</u>	<u>Edan</u>
LAST	FIRST	MIDDLE

2. Sex (please check one): Female _____ Male ☒ Non-binary _____ Decline to State _____

3. Race (please check one):
- ☐ Black/ African American (not of Hispanic origin)
 - ☐ Hispanic/ Chicano/ Puerto Rican/ Mexican/ Cuban/ Central or South American
 - ☐ White/ European/ North African/ Middle Eastern (not of Hispanic origin)
 - ☐ Native American Indian/ Alaskan Native
 - ☒ Asian/ Pacific Asian American/ Pacific Islander/ Far Eastern/ Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)