



**Department of Public Works
Administration**

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

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

June 9, 2021

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

Re: Request for Reinstatement: Lopez-Blasini, Leilani

Dear Ms. Fessahaye,

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

The Department of Public Works is in support of Ms. Lopez-Blasini's reinstatement to the title of Program Assistant III.

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

Sincerely,

DocuSigned by:

Dan Thomas

FA7CE1AF35AD4CA
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: Leilani López-Blasini

Address: 834 N 26th St

Zip Code: 53233

Phone No.: 414-807-9763

Email: msleilanilopez@yahoo.com

Employee ID: 026320

Date of Separation From Service: 01/10/2020

Reinstatement to which Department & Division: DPW, Water Distribution

Reinstatement to which Job Title: Program Assistant III

Department & Division Where Last Employed: DPW, Water 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.

Signature

6/8/2021

Date

YOU MUST ATTACH A COMPLETED REINSTATEMENT APPLICATION TO THIS REQUEST



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 López-Blasini First Leilani Middle Initial) _____

Address 834 N 26th St

City Milwaukee State WI Zip Code 53233

Day phone: () - Evening phone: () -

Cell phone: (414) 807 - 9763 Email Address: msleilanilopez@yahoo.com

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.)
Prog. Asst. III	Water Distribution	026320	November 2016 - January 2020

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 X

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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UWM, Milwaukee, WI

Foundations of Education

2004-2009

BS, MS

Dec 2009

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 X NO _____

Water Distribution Certificate

Wisconsin DNR

LICENSE/CERTIFICATE TYPE

ISSUING AGENCY/BOARD

SERIAL #

Construction Manager In Training CMAA

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.

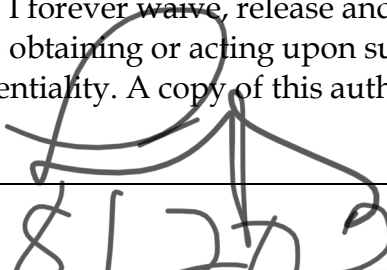
Employer Mid City Corporation	From (month/year): <u>January 2020</u> To (month/year): <u>May 2021</u>
Address 12930 W Custer Ave, Butler, WI 53007	
Your Title Assistant Project Manager	<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time Hours per week: <u>40-50</u>
Supervisor's Name, Title and Phone Number Dan McLendon, CPM, 414-587-1744	Reasons for leaving: Laid off
Duties: Contract compliance, establish standard operating procedures, logistics for over 750 lead service line replacements (LSLRs) for Denver Water, develop data management systems, codify and track quantities	
Employer Milwaukee Water Works Distribution	From (month/year): <u>November 2016</u> To (month/year): <u>January 2020</u>
Address 3850 N 35th St, Milwaukee, WI 53216	
Your Title Program Assistant III	<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time Hours per week: <u>40</u>
Supervisor's Name, Title and Phone Number Dave Klug, Construction Manager, 414-286-6304	Reasons for leaving: Accepted a new offer
Duties: Project coordination, information organization, and data management, statistical analysis, tracking and reporting, pre-construction scheduling, site visits, training new LSLR Program supervisors and staff, pre-construction paperwork	
Employer Penfield Children's Center	From (month/year): <u>September 2010</u> To (month/year): <u>May 2013</u>
Address 833 N 26th St	
Your Title Bilingual Services Coordinator	<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time Hours per week: <u>40</u>
Supervisor's Name, Title and Phone Number Pam Beckham, Supervisor, 414-344-7676	Reasons for leaving: Accepted a new offer
Duties: Evaluations, service coordination, crisis intervention, case management, monthly home visits, records keeping, education and outreach, written and verbal translation of medical/official documents and meetings/appointments	

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 _____

DATE: _____


6/8/2021

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: 11/30/1985 ***(Must be provided and will be used for conviction verification)***

PLEASE PRINT OR TYPE

Name: López-Blasini Leilani
LAST FIRST MIDDLE

2. Sex (please check one): Female X 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)