**Employee Reinstatement Request Form**

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | John A. Smith | **Employee ID:** | 0275 |
| **Department:** | Sales & Marketing | **Position Held Before Separation:** | Senior Marketing Executive |
| **Date of Separation:** | March 15, 2025 | **Type of Separation:** | ☐ Termination ☐ Suspension ☑ Resignation |
| **Supervisor/Manager at Time of Separation:** | | Sarah Johnson | |

**Section 2: Reason for Request**

**Please explain why you are requesting reinstatement and why you believe reinstatement should be considered.**  
*(Attach additional pages if necessary.)*

*Example:*  
“I am requesting reinstatement due to a change in personal circumstances that led to my resignation. I highly value my position with the company and wish to continue contributing to its growth. I am confident that my experience and renewed commitment will benefit the organization.”

**Section 3: Employment History Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Years of Service:** | 5 years | **Last Performance Rating:** | Exceeds Expectations |
| **Record of Disciplinary Actions:** | None | **Training/Certifications Completed:** | Digital Marketing Certification (2023) |

**Section 4: Supporting Documents Attached**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Updated Resume | ☐ Recommendation Letter | ☐ Certificates / Training Proof | ☐ Other: |

**Section 5: Employee Declaration**

I hereby certify that the information provided above is true and complete to the best of my knowledge. I understand that submitting this form does not guarantee reinstatement.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 6: HR / Management Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received By (HR Officer):** |  | **Date Received:** |  |
| **Remarks / Notes:** |  |  |  |

**Section 7: Decision**

| **Action** | **Authorized Signature** | **Date** |
| --- | --- | --- |
| ☐ Approved for Reinstatement |  |  |
| ☐ Reinstatement Denied |  |  |
| **Reason (if denied):** |  |  |

**Section 8: For HR Office Use Only**

| **Field** | **Details** |
| --- | --- |
| **Reinstatement Effective Date:** |  |
| **Position Reinstated To:** |  |
| **Employee Informed On:** |  |