



STATE OF NEW YORK
CIVIL SERVICE COMMISSION
ALBANY, NEW YORK 12239

**LOCAL GOVERNMENT REQUEST
TO EMPLOY RETIRED PUBLIC EMPLOYEE**
Pursuant to Section 211 of N.Y.S. Retirement and Social Security Law

CSC-20 (4/07)

IMPORTANT: READ INSTRUCTIONS ON REVERSE SIDE OF FORM

SECTION A	TO BE COMPLETED BY APPOINTING AUTHORITY	Requesting Employer		Retiree's Last Name, First Name, Middle Initial		Duration of Request <i>(Two-Year Maximum)</i>	
		Mailing Address		Title of Position to be Filled by Retiree		From: ____/____/____	
				Anticipated Annual Earnings		Proposed Pay Rate	
				\$ _____		\$ _____ Per	
		Description of Duties and Minimum Qualifications—Attach additional sheets if more space is needed					
Justification for Hiring Retiree—Describe your Agency's Recruitment Efforts (See reverse)—Attach additional sheets if more space is needed							
Certification By Appointing Authority							
I, the appointing authority, hereby affirm under penalties of perjury as provided for in Section 210 of the Penal Law, that the statements made herein (and on attached papers) are true and correct and that I have determined that the retiree is duly qualified, competent and physically fit to perform the duties assigned and that there are not readily available for recruitment non-retired persons qualified to perform the duties of such position.							
Signature of Appointing Authority				Print Name, Title and Telephone Number			Date

SECTION B	TO BE COMPLETED BY RETIREE	Agency Retired From		Title Retired From		Retiree's Mailing Address: Street, City, State, ZIP Code	
		Date Retired	Date of Birth	Social Security Number			
		Yearly Salary at Retirement	Final Salary	Type of Retirement		Retirement System(s) Name	
		\$ _____	\$ _____	<input type="checkbox"/> Service <input type="checkbox"/> Disability		Retiree's Number	
		I certify that the statements made in this application are true and correct to the best of my knowledge.					
Signature of Retiree _____ Date _____							
Personal Privacy Protection Law Notification							
The information which you are providing on this application is being requested pursuant to Section 211 of the Retirement and Social Security Law for the principal purpose of determining your eligibility for employment without a diminution of your retirement allowance. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide this information may result in disapproval of this application. The information will be maintained by the NYS Civil Service Commission or the NYS Department of Civil Service, as appropriate, at Albany, NY 12239. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375. For information relating to this form, call (518) 457-9553.							

SECTION C	TO BE COMPLETED BY LOCAL CIVIL SERVICE AGENCY	Official Civil Service Title of Position				Status of Retiree	
						<input type="checkbox"/> Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary	
		Jurisdictional Classification of Position				Is there an eligible list that can be deemed appropriate to fill this position?	
<input type="checkbox"/> Competitive <input type="checkbox"/> Non-Comp. <input type="checkbox"/> Exempt <input type="checkbox"/> Labor <input type="checkbox"/> Unclass. <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Certification of Local Civil Service Agency							
I hereby certify that this appointment has been approved and is in conformance with Civil Service Law and Rules.							
Signature for Civil Service Commission or Personnel Officer _____						Date _____	

SECTION D	NYS CIVIL SERVICE USE	Final Determination by NYS Civil Service Commission				DISTRIBUTION OF COPIES:			
		<input type="checkbox"/> Approve From _____ To _____ <input type="checkbox"/> Disapprove							
		<input type="checkbox"/> Limited Approval From _____ To _____							
<input type="checkbox"/> Approve Retroactively From _____ To _____									
Signature _____				Date _____					
				<input type="checkbox"/> Local Disbursing Officer <input type="checkbox"/> Requesting Appointing Authority <input type="checkbox"/> Retirement System <input type="checkbox"/> File					

