

Request For Restoration to An Eligible List

Instructions: This is a fillable form. Please type or print your information clearly. You **must** complete a separate form for each restoration request. Forms must be completed in its entirety, including your telephone number and email address.

Completed forms **must** be sent to DCAS via email to CustomerExperience@dcas.nyc.gov.

Check one (1) box below:

- I am submitting this restoration form for an open-competitive eligible list. **Please complete both Section A and Section C on the second page.**
- I am submitting this restoration form for a promotion eligible list. **Please complete Section A and Sections B and C on the second page.**

Section A: Candidate's Information

Exam Title:

Exam No.: List No.:

Social Security No. (last 4-digits): Profile No.:

Last Name: First Name: MI:

Address 1:

Address 2:

Apt No.:

City and State: Zip Code:

Is this a **new address**? Check box if **Yes**.

Telephone No. (include area code):

Email:

(Turn Over For Section B and Section C)

Section B: For Promotion Lists Only

Check the location(s) you would be willing to accept.

(Please Note: This does not apply to the operation forces of the Transit Authority or to the uniformed forces of the Police, Fire, and Sanitation Departments, and the Housing Authority.)

- Any Location Citywide Field
- Bronx Brooklyn Staten Island Manhattan Queens

Check the special type of employment you would be willing to accept:

- Temporary Rotating Shifts Night Shift

Section C: Restoration Reason and Signature

Reason for Restoration:

Signature:

(electronic or physical)

Date:

Do Not Write Below: For DCAS Use Only

Special Comments:

Staff Initials & Date: