To:

From:

This letter is to confirm your declination of the position of:

Title:
Salary Grade:
Location/county:

**from the eligible list:**

Appointment Type: [ ]  PERMANENT/CONTINGENT PERMANENT [ ]  TEMPORARY

Employment Type: [ ]  FULL TIME [ ]  PART-TIME at       %

[ ]  You declined an appointment from **our agency at this location,** your name will be removed from this list for consideration for any future vacancies in our agency at this location. [DP]

[ ]  You declined an appointment **at this location,** your name will be removed from consideration for any agency in this city, town or village. [LU]

[ ]  You said you are **temporarily unavailable** until      , your name will be inactivated on the list until that time. [TI]

P**lease see reverse for additional information on the effect of this declination, and on reactivation**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Title:

***INFORMATION FOR ELIGIBLES***

**EFFECTS OF DECLINATION — Type of Appointment**

If the type of appointment was **temporary**, your declination affects your future eligibility for temporary appointment.

If the type of appointment was **permanent**, your declination affects your future eligibility for both temporary and permanent appointment.

If the type of employment was **less than full time**, your declination affects your future eligibility for less than full-time.

If the type of employment was **full-time**, your declination affects your future eligibility for both full-time and less than full-time.

**Reactivation**

[ ]  This list has been decentralized to this agency. If you wish to reactivate your name for future consideration please write to the address that appears on the front of this letter.

[ ]  This list is maintained by the Department of Civil Service. If you wish to reactivate your name, or to have your name considered for additional locations/agencies write to:

STAFFING SUPPORT UNIT

NYS DEPARTMENT OF CIVIL SERVICE

ALFRED E. SMITH STATE OFFICE BUILDING

ALBANY, NY 12239

Please provide the eligible list title, the examination number and your Social Security number in your request.

It is the policy of the New York State Department of Civil Service to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination on the basis of age, race, creed, color, national origin, gender, sexual orientation, disability, Vietnam Era Veteran status, marital status or genetic predisposition or carrier status.