

CITY OF EL PASO, TEXAS
DEPARTMENT HEAD'S SUMMARY REQUEST FOR COUNCIL ACTION (RCA)

DEPARTMENT: Development Services, Planning Division

AGENDA DATE: 12/27/06

CONTACT PERSON/PHONE: Development Services, Planning Division, Alan Shubert (915) 541-4557

DISTRICT(S) AFFECTED: N/A

SUBJECT:

APPROVE: Reinstatement Request

BACKGROUND / DISCUSSION:

Employee resigned in good standing and meets all the requirements for reinstatement as per CSC Rules and Regulations.

PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one? If so, when?

No

AMOUNT AND SOURCE OF FUNDING:

N/A

BOARD / COMMISSION ACTION:

Enter appropriate comments or N/A

As per Civil Service Approval on 12/14/06

*******REQUIRED AUTHORIZATION*******

LEGAL: (if required) _____

FINANCE: (if required) _____

OTHER: _____

(Example: if RCA is initiated by Purchasing, client department should sign also)

Information copy to appropriate Deputy City Manager

APPROVED FOR AGENDA:

CITY MANAGER: _____

DATE: _____

SB

REINSTATEMENT REQUEST

TO:

Linda Ball Thomas, Secretary
Civil Service Commission
#2 Civic Center Plaza, 3rd Floor
El Paso, Texas 79901

FROM:

Name:

Verónica Rosales

Address:

City/State/Zip:

Telephone:

Social Security:

Honorable Civil Service Commission:

I hereby request that my name be placed on the REINSTATEMENT LIST for the position of

Chief Urban Planner

(your title when you resigned).

I resigned in good standing from the Planning Department on

Nov. 19, 2006 (this date must not exceed one year from the date of resignation

per the City Charter Section 6.10 which states as follows: "... Such requests must be made within one year from the date of resignation, except as provided in the Rules."

If it has been more than one year since your resignation, you must provide the following information required by the rule below:

Rule 13.7.f. states: The City Council, upon recommendation of the Commission, may approve a request for reinstatement after more than one year in cases where professional training or specialized skill is required, and where the person desiring reinstatement has been engaged either in study to benefit himself or herself for his or her duties or was in an occupation or position tending to increase his or her value in the position.

Have you engaged in study, duties, an occupation or position that increased your value in the position? Yes No

If you answered "no" to this question you are not eligible for reinstatement. If yes, please provide detailed information and documentation.

CBO - Certified Building Official Certification
in process (Passed 1 of 2 required tests)

- Yes No 1. At the time you resigned, were you a permanent employee?
- Yes No 2. Did you pass your probationary period in the position?
- Yes No 3. Did you resign in good standing?
- Yes No 4. Have you ever been reinstated after resignation with the City of El Paso?
- _____ 5. If yes, how many times?
- _____ 6. Give dates.
- 11-19-05 7. When did you resign from the position listed above?

If you meet the conditions for reinstatement, please complete this form and return to Rosy Buenning, C.S.C. Recorder.

Signature: Guionica Rosales Date: 11-2-06

Brown, Laura R.

From: Shubert, R. Alan
Sent: Thursday, November 30, 2006 2:55 PM
To: Brown, Laura R.
Subject: RE: Need you assistance

This is OK.

From: Brown, Laura R.
Sent: Wednesday, November 29, 2006 4:42 PM
To: Shubert, R. Alan
Cc: Genera, Rocio
Subject: Need you assistance

Re: Veronica Rosales, Chief Urban Planner

I sent you a memo on November 14th requesting your comments regarding the reinstatement request for the above employee. In order for her request to be placed on the December CSC Agenda, I need your comments by tomorrow if possible.

Even a quick reply to this e-mail would be sufficient. Thanks so much.

Laura R. Brown
Civil Service Commission Recorder
915/541-4082
brownlr@elpasotexas.gov



RECEIVED

NOV - 2 2006

Reinstatement CITY OF EL PASO

APPLICATION FOR EMPLOYMENT

Read The General Instructions Before Completing This Application

Block 1 CERTIFICATION

I CERTIFY that my statements in this application and any other required supplemental forms or applications, are true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may disqualify me for employment, bar me from the examination, remove my name from the eligible list, or if I have been appointed, cause my dismissal from the City. I also agree that ALL statements made on this application may be investigated, subject to any reservations regarding contact with my current employer. I consent to the release of information, about my ability and fitness for employment with the City of El Paso, by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, Human Resources staffing specialists, and others authorized by the City of El Paso.

I UNDERSTAND that I must submit educational documents, certificates & diplomas to qualify for an examination and that failure to submit required documentation at time of application will result in disqualification from taking the examination.

I UNDERSTAND Applications and documents filed with the application are not returnable nor subject to retrieval once filed.

I UNDERSTAND that electronic transmission thru e-mail will constitute a signature. Application with documents must be sent to the following email address only: epapplications@elpasotexas.gov

Date: 11-2-06

Signature: Veronica Rosales

Check signifies electronic signature
(↑ e-mail purposes only ↑)

Block 2 POSITION APPLYING FOR:

Job Code 00

I will accept employment for: Permanent Full-Time Permanent Part-Time Temporary Weekend Evening Shift Work

Block 3

NAME:

(Last) Rosales

(First) Veronica

(Middle)

SOCIAL SECURITY #:

Driver's License # if applicable (License #)

(Class) (State)

C TX

Block 4 MAILING:

ADDRESS (Number & Street)

(Apt. #)

EL PASO

(City)

TX

(State)

(Zip)

PHONE NUMBERS:

HOME

WORK

ALTERNATE

Would you like to be contacted by e-mail? Yes No If yes provide e-mail address: VRosalesAICPE@ad.com

Please do not convey any personal information in the e-mail address (e.g., ethnicity, age, gender, employment status)

Block 5 EDUCATION/TRAINING

Indicate highest grade completed: 6th grade

Did you receive a High School diploma or GED? Yes No

College/University

~~Vocational/Business/Trade Schools Attended~~

(Attach certificates)

Name of School and Location

Diplomas or Certificates Awarded

Hours/Months Completed

Course of Study

Princeton University
Harvard College

MPA-URP
BA

Public Affairs + Urban + Regional Plng
Government

College/University Attendance

(Attach transcripts)

Name and Location

Num. of Hours Completed

Major/Minor

Type of Degree

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AN EQUAL OPPORTUNITY EMPLOYER

CIVIL SERVICE
COMMISSION

Information from your application or resume may be subject to release to the public under the Texas Public Information Act.