



NYC Health + Hospitals
 Office of Certification and Examinations
 55 Water Street, 26th Floor
 New York, NY 10041
 212-788-3568

Request for Restoration to Civil Service Eligible List

Please print or type your information below and be sure to include the exam title for the list you wish to be restored to. Please email your completed form as an attachment to: OCE@nychhc.org or print and mail it to the above address.

TITLE OF LIST		EXAM #	LIST #
LAST NAME	FIRST NAME		MIDDLE
STREET ADDRESS			APARTMENT #
CITY		STATE	ZIP CODE
CHECK THIS BOX IF THIS IS A NEW ADDRESS: <input type="checkbox"/>		SOCIAL SECURITY NUMBER	
If this is a new address, please provide your prior address in the Additional Remarks Section below.			

FOR PROMOTION LISTS					
Check the location(s) where you would like to be considered for interview(s) and/or employment:					
ANY LOCATION	BRONX	BROOKLYN	MANHATTAN	QUEENS	STATEN ISLAND

ADDITIONAL REMARKS
Please provide any additional comments below.

SIGNATURE OF REQUESTOR	DATE

FOR OFFICE USE ONLY:

DATE RECEIVED:	PROCESSED BY:	RESTORATION REQUEST				DATE
		1X	2X	3X	DND	