



**Commencement of Service Upon Withdrawal of Resignation or Restoration From Retirement**

To complete restoration of service, this form must be completed and mailed to the address above on the afternoon of the first day of service. Salary adjustment depends upon the prompt return of this form. Salary will be withheld until the form is filed.

Last Name	First Name	MI	Maiden Name (if applicable)	
Address	City		ST	Zip
File Number	Social Security Number			

**Certification by employee:** I hereby certify that I commenced actual and personal service on reinstatement as a:

(indicate title and subject of License) \_\_\_\_\_,

in (school) \_\_\_\_\_, (borough) \_\_\_\_\_, District \_\_\_\_\_ in Region \_\_\_\_\_

on the \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

**Certification by Principal** (or equivalent organizational head): I hereby certify that the above named reinstated employee commenced service under the license shown on the date indicated and has been assigned to an appropriate class and grade.

Signature of Principal (if other, give title)	____/____/____ Date
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Immediately preceding my resignation, I was on Salary Step \_\_\_\_ with \_\_\_\_ without longevity.

Immediately preceding my restoration to service I (please check one) { } was { } was not a substitute teacher.

If you were a substitute teacher, indicate the level at which you were compensated:

- |                                   |   |
|-----------------------------------|---|
| _____ C1 without differential     | _____ PD with promotional differential  |
| _____ C2 with first differential  | _____ ID with intermediate differential |
| _____ C6 with second differential |   |

**Note:** If you believe you are eligible for any differential not yet granted to you, please complete a salary differential application immediately and submit it to the Office of Salary Status.

**Attestation**

I will faithfully discharge the duties of this position and understand that failure to serve at any time without authorization may lead to severe penalties including loss of position. I have read the statement and information given above and certify that my statements are complete and correct.

Signature of Teacher	____/____/____ Date
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