

**CIVIL SERVICE COMMISSION, CITY HALL  
YOUNGSTOWN, OHIO  
REQUEST FOR DISABILITY SEPARATION**

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Initial)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

**REASON FOR REQUEST:**

To be effective from the following date: \_\_\_\_\_ and until approved reinstatement.

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Department)

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Not Approved

\_\_\_\_\_  
(Department Head)

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Not Approved

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Appointing Authority)

**Action by CIVIL SERVICE COMMISSION:**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

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

\_\_\_\_\_  
(President)

\_\_\_\_\_  
(Vice President)

\_\_\_\_\_  
(Secretary)