

DECLINATION FORM

Please return by _____ or your name will be removed for "Failure to Reply"

TO: Niagara County Civil Service
111 Main Street - Suite G2, Lockport, New York 14094

FROM (Please print): _____

DATE: _____

TITLE OF POSITION: _____

DEPARTMENT: _____

Please be advised that I wish to decline the above mentioned position for the following reason:

- () **I am not interested** in employment in this position due to the **SALARY** being offered. Excluding general contract increases, if the salary for this position is increased during the life of the eligible list, please reactivate my name for possible consideration. Salary includes fringe benefits such as health insurance and benefit time.
- () **I am unavailable** for employment in this position and request that my name be placed on **INACTIVE STATUS** for my reasons stated on the reverse side of this form. All inactive status is a mandatory minimum period of six (6) months.
- () **I am not interested** due to the **LOCATION** of the position for my reasons stated on the reverse side of this form. **County appointments – Location is the entire Department**, not worksite. **Town, school or village appointments - Location is Entire Municipality or District**, not worksite. I understand that I will not be canvassed for the department, municipality, or district again from this list. Location includes all conditions of employment such as scheduled work hours, scheduled work shift, number of hours, duration of work year, etc.
- () **I decline to be interviewed for the position and I understand that I will not be canvassed again for this department, municipality or district again.**
- () **I am not interested in a Contingent Permanent position.**
- () **I am not interested in a Part-time position.**
- () **I am not interested in a Temporary position.**
- () **I am not interested in a position in this title.**

Candidate Signature

Date

Name (please print clearly)

Phone Number