



**REINSTATEMENT REQUEST**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Classification (include level and option): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Area(s) of availability (City/County):

- 00 – Any area of the State**
- 10 – (Garrett - 11, Allegany -12, Washington -13)**
- 20 – (Frederick – 21, Carroll – 22, Montgomery – 23)**
- 30 – (Baltimore City – 31, Baltimore County – 32, Howard -33)**
- 40 – (Harford – 41, Cecil – 42, Kent -43)**
- 50 – (Prince George’s – 51, Charles – 52, Calvert -53, St.Mary’s – 54)**
- 60 – (Anne Arundel – 61, Queen Anne’s – 62, Talbot – 63, Caroline – 64)**
- 70 – (Dorchester – 71, Wicomico – 72, Somerset – 73, Worcester – 74)**

**MAIL FORM TO:**

Department of Budget and Management  
Office of Personnel Services and Benefits  
301 West Preston Street – Room 602  
Baltimore, MD 21201

**OR EMAIL FORM TO:**

[jcoleman@dbm.state.md.us](mailto:jcoleman@dbm.state.md.us)