



## Eligible List Inactivation Request

This is a request form to be inactivated from an eligible list(s); you must complete this form and return it to County of San Bernardino Human Resources Department at the address listed below.

Position Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

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

Address: \_\_\_\_\_  
*(include city, state and zip code)*

Home Phone :( ) \_\_\_\_\_ Business/Message Phone :( ) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Click "Submit" below or return to the following Human Resources office located at:**

157 West Fifth Street, 1st Floor  
San Bernardino, CA 92415-0440  
(909) 387-8304

---

### Human Resources Use Only

Date Inactivated: \_\_\_\_\_ Inactivated by: \_\_\_\_\_

List Code(s) Inactivated: \_\_\_\_\_

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