

## ERIP RESCISSION FORM

To: City Administrative Officer  
Employee Relations Division  
City Hall East  
200 North Main Street, Room 1200  
Los Angeles, CA 90012

I certify that this rescission is made on or before 5:00 p.m. on \_\_\_\_\_.  
I understand that if this rescission was not in fact received by the City Administrative Officer, Employee Relations Division, Room 1200, City Hall East, on or before 5:00 p.m. on \_\_\_\_\_, it is null and void, and will be rejected on that basis.

I further acknowledge that, by rescinding my original agreement to leave City service, I give up any and all entitlement to any consideration, including monetary consideration, offered under the Early Retirement Incentive Program ("ERIP"). I hereby certify that I have not received any benefit or consideration of any kind under the ERIP.

\_\_\_\_\_  
EMPLOYEE NAME (PRINTED)

\_\_\_\_\_  
EMPLOYEE ID NUMBER

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE