

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 12/23/09.
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 12/23/09, 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.

Robert L. Schoonover Jr.
EMPLOYEE NAME (PRINTED)

013788
EMPLOYEE ID NUMBER

Robert L. Schoonover Jr.
EMPLOYEE SIGNATURE

12/22/09
DATE

CITY ADMINISTRATIVE OFFICER
2009 DEC 22 AM 10:42