Date: [Insert Date]

To: [Staff Member Name]
Employee ID: [Insert ID Number]

Subject: Rejection of Request for Removal from Temporary Staffing Roster

Dear [Staff Member Name],

We have received and reviewed your request dated [Insert Date] to be removed from the [Insert Department/Organization Name] temporary staffing roster.

After careful consideration of current operational requirements and staffing levels, we are unable to approve your removal from the roster at this time. This decision is based on the following reason(s):

- [Insert Reason 1: e.g., Minimum contractual commitment period not yet met]
- [Insert Reason 2: e.g., Critical staffing shortages in your specialized area]
- [Insert Reason 3: e.g., Outstanding project assignments currently in progress]

As a result, you will remain active on the temporary staffing roster and will continue to be eligible for assignments according to your availability and skills.

You may submit a new request for removal on or after [Insert Date], at which time we will reassess the departmental needs. If you have any questions regarding this decision, please contact [Insert Contact Name/Department] at [Insert Phone/Email].

Thank you for your continued service.

Sincerely,

[Your Name]
[Your Title]
[Organization Name]