

**HUMAN RESOURCES/LABOR RELATIONS**

**TRANSFER, VOLUNTARY DEMOTION OR REINSTATEMENT REQUEST**

Name:  Employee SAP ID # (not badge #):

Type of Request: **(CHOOSE ONLY ONE BELOW. COMPLETE A SEPARATE FORM FOR EACH TYPE OF REQUEST)**

Transfer  Voluntary Demotion  Reinstatement

**IF Reinstatement**, EXACT date you left your former classification:

Current or former Job Classification: Current or former Department:

List job classification title(s) for which you would like to be considered:

Phone Number:  Email:

Shift Availability: Job Availability: Bilingual?

|  |  |  |
| --- | --- | --- |
| Day Shift | Full-time | Yes |
| Graveyard Shift | Part-time(19 or less/wk) | No |
| Rotating Shift | Part-time(21+ hrs/wk) |  |
| Swing Shift | Temporary (6 mo or less) | Language? |
| Weekend Shift | Intermittent Hourly on call |  |

**I understand my name may be referred to all departments including my current or former department, unless I opt out:**

I ***do not*** want my name to be referred to the following departments:

Note: Candidates from the Transfer, Voluntary Demotion and Reinstatement lists are contacted at the discretion of the Department. Candidates who highlight their qualifications and skills for the position have an increased chance of being offered an interview. Therefore, we highly encourage you attach a resume to your request. Candidates will not be notified of vacancies. Human Resources will not notify candidates when Transfer, Voluntary Demotion and Reinstatement applications expire. It is the responsibility of the candidate to reapply.

**By signing this form, you acknowledge the hiring manager may contact your current Supervisor.**

**Final determination as to which classification(s) employees are eligible for regarding Transfer, Voluntary Demotion or Reinstatement requests will be made by the Department of Human Resources.**

EMPLOYEE SIGNATURE DATE

DEPARTMENT OF HUMAN RESOURCES DATE

\_\_\_\_\_\_ Approved as requested \_\_\_\_\_\_ Approved with changes \_\_\_\_\_\_ Denied

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A **TRANSFER** consists of movement from one position to another position in the same classification or another classification requiring reasonably similar knowledge, skills and abilities, and must have the identical salary grade as your current job classification.

Once those classifications into which you are eligible to transfer are determined, your name will be placed on the corresponding eligible list(s). Your name will remain on those eligible lists for one (1) year or until you accept a transfer, whichever occurs first, after which it will be necessary for you to reapply in order to remain under consideration for transfers.

*I understand that if I am a permanent employee appointed as a transfer, I shall not serve a new probationary period. If I am currently serving a probationary period, however, I shall serve the remaining portion of the probationary period in the position to which I transfer. {Per Section 5.199 of the Washoe County Personnel Handbook.}*

A **VOLUNTARY DEMOTION** consists of movement from one classification to another classification which must have a lower maximum salary range and require reasonably similar knowledge, skills and abilities. List the classification(s) for which you request to be considered for voluntary demotion.

Once those classifications into which you are eligible to demote are determined, your name will be placed on the corresponding eligible list(s). Your name will remain on those eligible lists for one (1) year or until you accept a voluntary demotion, whichever occurs first, after which it will be necessary for you to reapply in order to remain under consideration for voluntary demotion.

*I understand that if I am a permanent employee appointed as a voluntary demotion, I shall not serve a new probationary period. If I am currently serving a probationary period, however, I shall serve the remaining portion of the probationary period in the position to which I demote. If I fail to successfully complete that probationary period, I do not have the right to return to my former position. {Per Section 5.199 of the Washoe County Personnel Handbook.}*

A **REINSTATEMENT** consists of placement in a classification in which you formerly held permanent status or to a classification that requires reasonably similar knowledge, skills and abilities to that classification.

Once those classifications into which you are eligible to reinstate are determined, your name will be placed on the corresponding eligible lists. Your name will remain on those eligible lists for one (1) year from the date you left your former classification or until you accept a reinstatement, whichever occurs first.

*I understand that I may remain on eligible lists as a reinstatement for up to one (1) year from the date I left my former classification. I also understand that if appointed as a reinstatement, I must serve a new probationary period if I had resigned from my former classification. {Per Section 5.195 of the Washoe County Personnel Handbook.}*

**ONCE THIS FORM HAS BEEN COMPLETED AND SIGNED**

**PLEASE SCAN AND EMAIL TO: CAREERS@WASHOECOUNTY.GOV**