

REQUEST TO BE PLACED ON TRANSFER/ REINSTATEMENT LIST

I, _____, request that my name be placed on the Broome
(print)
County transfer/ reinstatement list for the following title: _____.
(print)

I understand that my name will remain on the list for **six months**. At that time, if I am still interested in transferring/ being reinstated, I must submit another request.

Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Department/Agency Where Employed: _____

Any restrictions (if there is only one specific agency in which you are interested, please indicate here):

Print name: _____

Signature: _____ Date: _____

Department of Personnel use only:	
Title: _____	Date of Permanent Appointment: _____
Eligible List #: _____	Date probationary period completed: _____
Approved title for transfer/ reinstatement: _____	
Signature: _____	Date: _____

Jurisdiction	Probationary Period upon <u>Reinstatement</u>		Can be waived?
	Separation less than one yr	Separation more than one yr	
Same	No probation	New probation	no
Different	New probation	New probation	no

Transfer	Probationary Period upon <u>Transfer</u>		Can be waived?
	Probation		
Same jurisdiction	8-26 weeks		With written notification to transferee and PO
Different jurisdiction	8-26 weeks, but no right to return w/o LOA		With written notification to transferee and PO