

## REQUEST TO BE PLACED ON TRANSFER/ REINSTATEMENT LIST

I request that my name be placed on the Broome County                      transfer list                      reinstatement list

for the following title:

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:

Employee#:

Signature:

Date:

By checking this box and typing or signing your name in the signature field you are agreeing to the above declaration and verifying all information is accurate.

**Department of Personnel use only:**

Title: \_\_\_\_\_ Date of Permanent Appointment: \_\_\_\_\_

Eligible List #: \_\_\_\_\_ Date probationary period completed: \_\_\_\_\_

Approved title for transfer/ reinstatement: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Probationary Period upon Reinstatement**

Jurisdiction	Separation less than one yr	Separation more than one yr	Can be waived?
Same	No probation	New probation	no
Different	New probation	New probation	no

**Probationary Period upon Transfer**

Transfer	Probation	Can be waived?
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