STATE OF FLORIDA

**REQUEST FOR REASSIGNMENT, TRANSFER,**

# CHANGE IN DUTY STATION, OR PROMOTION

|  |
| --- |
| Section A - EMPLOYEE INFORMATION: |
| |  |  | | --- | --- | | Name: | People First ID#: | | Agency: | Work Telephone #: | | Email Address: | SUNCOM #: | | Current Occupation: | Broadband Code:   -    - | | Duty Station and County: | Shift: |   ***Check one:***  I have attained permanent status in my current position which is covered by the following union/bargaining unit:  FNA/Professional Health Care Unit  Teamsters/Security Services Unit  FSFSA/Fire Service Unit  PBA/Law Enforcement Unit  PBA/Florida Highway Patrol Unit  I am covered by the FPD/SES Physicians Unit and I have served 12 months of continuous service in the Selected Exempt Service.  I am covered by the SEAG/SES Attorneys Unit and I have served 12 months of continuous service in the Selected Exempt Service.  I am covered by the PBA/Special Agent Unit and I have completed a minimum of 24 months service obligation in my initial job assignment. |
| **Section B – REQUEST** |
| **I hereby request the following: *(Check one)***  **Reassignment**  **Change in Duty Station**  **Transfer**  **Promotion**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Occupation | Requested Broadband Code | Work Location/ County | Duty Station | Agency (promotionrequests only) | |  |  |  |  |  | |  |  |  |  |  |  (Do Not Use Abbreviations) |

* I understand that all requests for Reassignment, Transfer, Change in Duty Station, or Promotion automatically expire on **May** **31** of each calendar year if I am covered by the FNA/Professional Health Care Unit, Teamsters/Security Services Unit, FSFSA/Fire Service Unit, FPD/SES Physicians Unit, or the SEAG/SES Attorneys Unit; and on **June 30** of each calendar year if I am covered by the PBA/Special Agent Unit, PBA/ Law Enforcement Unit, or PBA/Florida Highway Patrol Unit.
* I understand that all requests for Reassignment, Transfer, and Change in Duty Station must be within my current agency.
* I understand that a State of Florida Employment Application must accompany this request form.
* I understand that this form must be received by the first day of the month in order to be considered for vacancies that occur during that month.
* I understand that if I receive a reassignment, transfer, change in duty station, or promotion pursuant to this request, all other pending requests shall be cancelled and I will be ineligible to file another request for a period of 12 months if I am covered by the FNA/Professional Health Care Unit, Teamsters/Security Services Unit, FSFSA/Fire Service Unit, FPD/SES Physicians Unit, SEAG/SES Attorneys Unit, PBA/Special Agent Unit, PBA/Law Enforcement Unit, or PBA/Florida Highway Patrol Unit.
* I understand that if I decline an offer of reassignment, transfer, change in duty station, or promotion in response to this request, I will be ineligible to submit another request for a period of 12 months if I am covered by the FNA/Professional Health Care Unit, Teamsters/Security Services Unit, FSFSA/Fire Service Unit, FPD/SES Physicians Unit, SEAG/SES Attorneys Unit, PBA/Special Agent Unit, PBA/Law Enforcement Unit, or PBA/Florida Highway Patrol Unit.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### Employee’s Signature Date

INSTRUCTIONS

1. This form is to be used by employees in positions covered by the following collective bargaining agreements:

Federation of Physicians and Dentists (FPD)/SES Physicians Unit

Florida Nurses Association (FNA)/Professional Health Care Unit

Florida Police Benevolent Association (PBA)/Florida Highway Patrol Unit

Florida Police Benevolent Association (PBA)/Law Enforcement

Florida Police Benevolent Association (PBA)/Special Agents Unit

Florida State Fire Service Association (FSFSA)/Fire Service Unit

State Employees Attorneys Guild (SEAG)/SES Attorneys Unit

Teamsters/Security Services Unit

2. Please complete all applicable fields on the form. Failure to complete this form in its entirety will prevent your request from being processed.

3. To find your current Broadband Code and Occupation, log onto the People First system and click on the “Personal Information” tab. Access the drop down menu under “Work Information” and click on “Organizational Work Assignment”. In the overview box, click the radio button next to your current position. When the details screen appears, you will see your six-digit Broadband Code (4th line on the left) and your Occupation (listed as Class/Broadband Description – 4th line on the right).

4.A document entitled, “Broadband Code, Occupation, Pay Band Listing by Collective Bargaining Unit,” located on the DMS Collective Bargaining Agreements homepage, (at: http://dms.myflorida.com/human\_resource\_support/human\_resource\_management/for\_hr\_practitioners/collective\_bargaining\_agreements), will provide the necessary information to assist you in completing the form for the position you are requesting.

5. Please mail or fax the complete form to the People First Service Center at the address and fax number below:

People First Staffing Administration

P.O. Box 6850

Tallahassee, Fla. 32314

FAX: 888-403-2110

6. The People First Service Center will notify the appropriate hiring manager of your request. In the event your request form is not properly completed, the People First Service Center will notify you that it is returning your form for correct completion or clarification.