



COUNTY OF SAN BERNARDINO
STANDARD PRACTICE

NO 3-1.17

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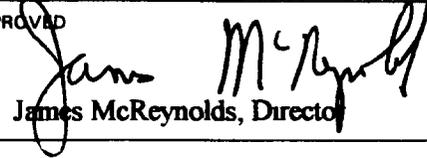
BY Jadie Lee

EFFECTIVE 5/96

DEPARTMENT BEHAVIORAL HEALTH

SUBJECT EMPLOYEE REASSIGNMENT
REQUESTS

APPROVED


James McReynolds, Director

I. PURPOSE

To establish a procedure for Department of Behavioral Health employees to request reassignment.

II. POLICY

All reassignments in the Department are at the discretion of the Director, Assistant Director and Deputy Directors.

III. PROCEDURE

A. Clinical and Occupational Therapists seeking reassignment to a specific position:

1. Clinical and Occupational Therapists seeking reassignment to a specific position should follow the procedures outlined in 3-1.22, Clinical Therapist Reassignment Requests, and 3-1.23, Occupational Therapist Reassignment Requests.

B. All Other Department of Behavioral Health Staff:

1. Employees should indicate their interest in participating in the Department's interview process by completing an Employee Intra-Departmental Reassignment Request Form, available from the Payroll Office, and returning it to Payroll staff.
2. Payroll staff will maintain lists of employees requesting reassignment and are responsible for notifying the interviewing authority of the names of employees on the reassignment list for the current vacancy. This will be done at the time when the list of certified candidates for a position is released to the interviewing authority, and will be noted on the Employee Intra-Department Reassignment Request Form.
3. Staff conducting interviews are encouraged to consider employees from the reassignment list for vacancies. It is the responsibility of the interviewing authority to contact employees requesting reassignment in order to schedule interviews with them.
4. If a job offer results from the interview process, the employee should inform his/her supervisor by memo and send a copy to the relevant Program Manager or Deputy Director, and a copy to Payroll.

5. Reassignment requests are good for a period of one year only. Employees who wish to be reassigned after that time must completed an updated Employee Intra-Departmental Reassignment Request Form.

C. Position Transfer Forms:

A Position Transfer Form must be completed when employees are reassigned from one position number to another position number within the same classification. SOP 3-1.14 Position Transfers outlines procedures for completion of this form.

JL
REASSIGN.SOP

