San Bernardino County
Human Resources Department

REFERRAL REQUEST

THIS FORM MUST BE ACCOMPANIED BY A COMPLETED COUNTY EMPLOYMENT APPLICATION

Name: _____ Employee #: _____

Exact Title of Current Classification: _____ Current Range: _____

Current Group/Department: _____

I understand that a demotion or job change may require that I serve a probationary period. I understand that if I am serving a probationary period due to a voluntary demotion, I may be disciplined, up to and including being terminated, without right to review or appeal during that probationary period and that I do not have the right to return to my previous department or classification. I understand that if I am serving a probationary period due to a job change, I may be disciplined, up to and including being returned to my previous department and classification or a comparable classification, without right to review or appeal during that probationary period.

Employee Signature: _____ Date:_____

Indicate the classifications and salary range for which you wish to be considered for referrals. You may only be referred for classifications that are at the same or lower salary range as your current classification; you may not be referred for a trainee classification that promotes to a higher range than your current classification. You must also meet the minimum requirements.

For a complete list of county classifications go to http://www.sbcounty.gov/hr/EmpOpp_Class.aspx.

To be Completed by Employee		**To be Completed by Human Resources Employment**		
Classification Title *(Be sure to include all classifications in which you previously held status.)*	**Range***	Regular Status: Yes [ ] No [ ] Affected Date: _____		
		Approved (Y/N)	**Reason/Comments**	**Initials**

*For Trainee classifications list the higher level salary range.

Rev 6/7/10

Referral Request

To be Completed by Employee		To be Completed by Human Resources Employment		
Classification Title *(Be sure to include all classifications in which you previously held status.)*	**Range***	Regular Status: Yes [ ] No [ ] Affected Date: _____		
		Approved (Y/N)	**Reason/Comments**	**Initials**

Additional Documents Needed (e.g., coursework, certificates, etc):

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Additional Information may be submitted by:

Fax: (909) 387-5792 (Attn: Judy Naranjo) ♦ Email: layoffaffected@hr.sbcounty.gov
Mail/Deliver: HR Employment, 157 West 5th St, 1st Floor, San Bernardino, 92415 (c/o Judy Naranjo)
Documents may also be submitted to your assigned HR Analyst listed below.

Contact Information

Human Resources Analyst: _____

Human Resources Officer: _____

Judy Naranjo (Appointments): (909) 387-5565 ♦ Email: layoffaffected@hr.sbcounty.gov