



Interdepartmental Reassignment Request Form

Jefferson County Commission | Human Resources Department

INSTRUCTIONS: Fill out sections 1, 2, and 3, then submit the completed form to the Recruiting and Hiring Division of the Human Resources Department via email at employeeservices@jccal.org.

*In accordance with PBJC Rule 11.9, a reassignment is when a Classified Employee may be assigned from one position to another in the **same** job class within the same jurisdiction with the Appointing Authority's approval.

An Interdepartmental Reassignment is defined as assigning an employee from one position to another in the same class to a **different** department, still encompassing PBJC Rule 11.9.

Section 1: To be completed by Current Initiating Department

Current Department Name _____ Current Department/Division # _____

Employee Name _____ Social Security Number _____
Print First, Last Last 4 Digits

Employee Email _____ Employee Phone _____

Current Job Class/Title _____ Current Job Code # _____

Current Pay Grade / Pay Step _____ / _____ Current Hourly Pay Rate \$ _____

Reason for Reassignment Request _____

Department Head Name _____ Department Head Signature _____
Print First, Last

Today's Date _____ / _____ / _____

If Applicable:

Percent Grant Funded: _____ Grant Name: _____

Grant Termination Date: _____

Section 2: To be completed by Employee

Employee Signature _____ Today's Date _____ / _____ / _____

Section 3: To be completed by New (Receiving) Department/Division

New Department Name _____ New Department/Division # _____

Funding Source _____ Grant Funded (Y or N) _____

New Department Head Name _____
Print First, Last

New Department Head Signature _____

Today's Date _____ / _____ / _____

If Applicable:

Percent Grant Funded: _____

Grant Name: _____

Grant Termination Date: _____

After completion of sections 1, 2 and 3 above, submit the form to the Recruiting and Hiring Division of the Human Resources Department via email at employeeservices@jccal.org.

For assistance, please contact Human Resources at 205-325-5249

***NOTE: If an employee is reassigning within the same department, the department is responsible for handling this type of request and it does not require the use of this form.**



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HUMAN RESOURCES ONLY

Section 4: To be completed by Budget Management Office (BMO)

BMO Representative Name _____ New Position Funded (Y or N) _____
Print First, Last

BMO Representative Signature _____ Today's Date ____/____/____

Section 5: To be completed by the Chief Human Resources Officer

____ Approved ____ Denied Reason for Denial _____

Chief Human Resources Officer Name _____
Print First, Last

Chief Human Resources Officer Signature _____ Today's Date ____/____/____

Section 6: To be completed by the Appointing Authority

____ Approved ____ Denied Reason for Denial _____

Appointing Authority Name _____
Print First, Last

Appointing Authority Signature _____ Today's Date ____/____/____

Section 7: To be completed by HR Recruiting and Hiring Division

Start Date in NEW Department/Division ____/____/____
mm/dd/yyyy

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Reassignment Personnel Action Emailed to HRIS
(Recruiting and Hiring Representative Initials)

File this form in the employee's Personnel File.