



PERSONNEL DEPARTMENT

125 E. Court St.
Ithaca, NY 14850-4207
(607) 274-5526

EMPLOYEE TRANSFER OR REINSTATEMENT REQUEST FORM

THE EMPLOYEE REQUESTING TRANSFER OR REINSTATEMENT SHOULD COMPLETE THIS SECTION. If requesting a transfer, you should wait until after you and the Department Head have come to an agreement and both of you have signed this form to notify your current employer. For transfers, **DO NOT** resign your current position, indicate that you are taking a lateral transfer.

I would like to formally request a lateral transfer or reinstatement. In order to be eligible for a transfer or reinstatement, I understand that I must prove that I am (or was) permanent competitive class civil servant in New York State, past probation in the title (or a comparable title) to which transfer or reinstatement is being sought. In support of these facts, I have provided the Tompkins County Personnel Department; an application for employment, copies of my civil service "Roster Record", my job description and the exam announcement from which I received my permanent appointment.

EMPLOYEE SIGNATURE: _____
This signature indicates my consent to transfer or be reinstated _____ Date

THE ACQUIRING DEPARTMENT/JURISDICTION SHOULD COMPLETE THIS SECTION
(Please send MSD-428's along with this form to Personnel)

In accordance with Rules XVII and XVIII of the Civil Service Rules for Tompkins County, It is imperative that the Personnel Department evaluate the transfer or reinstatement candidate's materials and confirm that the applicant is eligible for transfer or reinstatement **before an offer of employment is made**. The transfer or reinstatement doesn't necessarily have to be "title-for-title", but the examination's scopes and qualifications must be identical. If not (upon request of the appointing authority), the Personnel Department can have the New York State Department of Civil Service determine if the essential tests and qualifications are the same as, or greater than, those of the position to which appointment is sought.

I request that the Commissioner grant final approval to the transfer or reinstatement specified below. I have spoken with Personnel Department staff who confirm that there is no preferred list containing the name of one or more candidates, nor is there a departmental or promotional list containing the names of three or more candidates willing to accept appointment to this title. All of the candidate's paperwork is on file and the application has been noted as "Transfer Approvable" or "Reinstatement Eligible".

TITLE: _____
SALARY: _____
NAME OF EMPLOYEE: _____
TRANSFER OR REINSTATED FROM: _____
EFFECTIVE DATE OF TRANSFER OR REINSTATEMENT: _____
DEPARTMENT TRANSFER/REINSTATEMENT REQUESTED TO: _____
DEPARTMENT HEAD SIGNATURE OF APPROVAL: _____

THE COMMISSIONER OF PERSONNEL COMPLETES THIS SECTION

I have determined that this appointment is for the good of the service.

Anita Fitzpatrick, Commissioner of Personnel

Date