



**STATE OF FLORIDA  
REQUEST FOR REASSIGNMENT, TRANSFER,  
CHANGE IN DUTY STATION, SHIFT CHANGE 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 and am covered by the following union/bargaining unit:  
 FNA  PBA/SSU  FSFSA  PBA/LAW ENFORCEMENT
- I am covered by the FPD Physicians Unit and have served twelve (12) months of continuous service in the Selected Exempt Service.
- I am covered by the PBA/Special Agents Unit and have completed a minimum of thirty-six (36) months service obligation in my initial job assignment.

**Section B – REQUEST**

I hereby request the following: (**Check one**)

- Reassignment  Change in Duty Station  Transfer  Shift Change  Promotion

<u>Occupation</u>	<u>Requested Broadband Code</u>	<u>Work Location/ County</u>	<u>Duty Station</u>	<u>Shift</u>	<u>Agency (promotion requests only)</u>

**(Do Not Use Abbreviations)**

- I understand that all requests for Reassignments, Transfers, Change in Duty Station, Shift Changes or Promotions automatically expire on **May 31** of each calendar year if I am covered by FNA, PBA/SSU, FSFSA or FPD Physicians Unit, and on **June 30** of each calendar year if I am covered by PBA/LAW ENFORCEMENT or PBA/SAU.
- I understand that all requests for Reassignment, Transfer, Change in Duty Station and Shift Change 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 Reassignment, Transfers, Change in Duty Station or Shift Changes that occur during that month.
- I understand that if I receive a reassignment, transfer, change in duty station, shift change 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 twelve (12) months if I am covered by FNA, FPD Physicians Unit, PBA/SSU, PBA/SAU, PBA/LAW ENFORCEMENT or FSFSA.
- I understand that if I decline an offer of reassignment, transfer, change in duty station, shift change or promotion in response to this request, I will not be eligible to submit a request for reassignment, transfer, change in duty station or promotion for a period of twelve (12) months if I am covered by FNA, FPD Physicians Unit, PBA/SSU, PBA/SAU, PBA/LAW ENFORCEMENT or FSFSA.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

## INSTRUCTIONS

1. This form is to be used by employees covered by the following collective bargaining agreements:  
  
Federation of Physicians and Dentists (FPD) Physicians Unit  
Florida Police Benevolent Association Security Services Unit (FPBA/SSU)  
Florida Police Benevolent Association Special Agents Unit (PBA/SAU)  
Florida Police Benevolent Association Law Enforcement (PBA/LAW ENFORCEMENT)  
Florida Nurses Association (FNA)  
Florida State Fire Service Association (FSFSA)
2. Please fill in every blank 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 (4<sup>th</sup> line on the left) and your Occupation (listed as Class/Broadband Description – 4<sup>th</sup> 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](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 44058**  
**Jacksonville, Fla. 32231-4058**  
  
**FAX: (904) 636-2627**
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.