



DEPARTMENT OF FIRE AND RESCUE SERVICES

	<h1>GENERAL ORDER</h1> <h2>110.12</h2>	
---	---	---

Originating From	Issue Date	Revision Date	Attachments
Operations	11/09/2001	10/15/2005	A

SUBJECT: Transfer/Reassignment Request

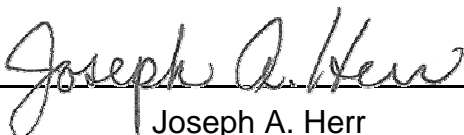
APPLICABILITY: Career Personnel

POLICY:

Career personnel who seek to change their current assignment shall use a standardized Transfer/Reassignment Request Form.

- 1 The attached Transfer/Reassignment Sheet is the only authorized format for used when requesting a transfer or change of assignment. The form will be located on the "T" Drive. The address is T:\Fire\Forms\Transfer Request.pdf. The form is in Adobe Acrobat format and shall be completed on-line.
- 2 After completion, the form will be printed and signed by each individual on the signature line and forwarded to the Deputy Chief, Field Operations Section. If an electronic copy is saved, it must be given a new name and moved to the individual's "F" Drive. The form will be placed in a file until such time that organizational transfers/reassignments are necessary. Individual requests may be acted on at the discretion of either Deputy Chief assigned to the Bureau of Operations.
- 3 Copies of the completed documentation shall be distributed to all involved individuals. The form will remain on file until expunging is necessary. A departmental E-mail will advise when this is necessary.

Approved:



Joseph A. Herr
Fire Chief



**HOWARD COUNTY
DEPARTMENT of FIRE and RESCUE SERVICES
TRANSFER/REASSIGNMENT REQUEST**



NAME: _____	EID#: _____
CURRENT ASSIGNMENT: _____	SHIFT: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
(If Applicable)	

DATE: _____ **TIME IN CURRENT ASSIGNMENT (Yrs/Mos)** _____

TRANSFER/REASSIGNMENT REQUEST	1st Choice (Assgn/Sft)	2nd Choice (Assgn/Sft)	3rd Choice (Assgn/Sft)	Any Assignment	Any Shift

COMMENTS:

SIGNATURES

EMPLOYEE _____ **DATE** _____

SHIFT SUPERVISOR _____ **DATE** _____

COMPANY OFFICER _____ **DATE** _____

BATTALION CHIEF _____ **DATE** _____

OPS. DEPUTY CHIEF _____ **DATE** _____

APPROVED: YES _____ NO _____

EFFECTIVE: _____