

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 01/24

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I. APPLICATION:

- ☐ SCCCMHA Board
- ☐ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☐ Community Agency Contractors
- ☐ Residential Programs
- ☐ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure that all employee transfer requests, transfers, and reassignments shall be processed in accordance with both the Union contracts and the procedures outlined below.

III. DEFINITIONS:

- A. Transfer: Reassignment to another program or location within the same grade level (must meet any credential or minimum requirements for the position) and level of employment [full time/part time] (lateral move), or back to a previous job assignment following the trial period of a new assignment.

IV. STANDARDS:

- A. A Local 3385 and/or Chapter 20 employee who requests a transfer must successfully complete a trial period determined within each Union Contract. See Union Contracts.
- B. Local 3385 and/or Chapter 20 transferred employees who do not successfully complete the trial period may be returned to his/her former classification/position. See Union Contracts.
- C. Employee requested transfers, if honored, will not be honored more than one (1) time in a 12 month period. Management will give any second request reasonable consideration, however the final decision is at the sole discretion of Management.
- D. Transfers should not be requested and will not be honored if the employee has been reprimanded within the past thirty (30) days or suspended within the last twelve (12) months.

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- E. It is at Management's sole discretion to deny a transfer request when it is determined that it would be disruptive to the program. If the transfer request is for a newly created position that has not previously been posted, the transfer request will be denied and the position will be posted.
- F. Transferred employees that are not maintained beyond the trial period shall be returned to a comparable position within the agency, without a change in hourly rate or benefits, and this shall not be subject to grievance procedures
- G. Transfer requests will automatically expire on December 31st of EVERY YEAR. If an employee is still interested in a transfer, the request MUST be resubmitted annually. This is the sole responsibility of the employee.

V. PROCEDURES:

Employee

- 1. Submits a specific and detailed written request to the Chief Executive Officer for a transfer using the Employee Request for Transfer Memo (form #0812 in Forms Index).
- 2. Resubmits request annually on January 1st of every year.

Chief Executive Officer

- 3. Reviews the request and consults with the employee as appropriate.
- 4. Forwards the request to SCCCMHA Personnel Secretary.
- 5. Notifies the employee of receipt of request and processing using Employee Notification Memo (Exhibit A).

Personnel Secretary

- 6. Files in the employee's personnel file.
- 7. Files in a master "transfer request" file by job grade level.
- 8. Reviews the master file whenever a posting is being considered to determine if any transfer request appears to meet what would be the minimal qualifications of the position.
- 9. Forwards any qualified requests to the supervisory staff considering a posting.
- 10. Purges all Transfer Requests December 31st of every year.

Supervisory Staff

- 11. Reviews and considers all individual transfer requests as possible candidates for the position prior to processing a posting. Note: seniority is to receive priority over the date of the request for transfer.

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- a. Sends memo (Exhibit B) offering the qualified employee the position; or
 - b. Sends memo (Exhibit C) notifying the employee he/she will not be considered for the position.
12. Follows Administrative Procedure # 06-001-0095 Personnel: Posting/Selection/Hiring when a current employee is selected for a posted position or if a transfer request is honored.
 13. Follows Administrative Procedure # 06-001-0030 Personnel: Employee Performance Review and Development when an employee is transferred.
 14. Follows Administrative Procedure # 06-002-0006 Employee & Student Orientation & Training and utilizes the Employee Orientation Worksheet to orient the employee to the location and/or position.
 15. Uses Staff/Provider Change form, Exhibit D, to ensure all necessary paperwork, etc., has been completed when transferred, relocated or reclassified.
 16. Completes and signs the Property Receipt Record (form #0705 in Forms Index) and turns in applicable agency property as indicated on the form.

VI. REFERENCES:

None Available

VII. EXHIBITS:

- A. Award of Position Memo
- B. Non-Acceptance Memo
- C. Staff/Provider Change Form

VIII. REVISION HISTORY:

Dates issued 08/95, 06/98, 10/98, 10/00, 08/02, 08/04, 08/06, 08/08, 08/10, 05/12, 09/13, 09/14, 09/15, 09/16, 09/17, 09/18, 09/19, 11/20, 11/21, 03/22, 11/22.

AWARD OF POSITION MEMO

M E M O R A N D U M

TO: (Employee)

FROM:

DATE: (Date)

SUBJECT: Honoring Transfer Request dated: _____

This letter is to notify you that your request to transfer has been approved. Your new program is: _____

It is expected that you will work with your current and new supervisors to develop an acceptable transition plan.

A Local 3385 and/or Chapter 20 employee who requests a transfer must successfully complete a trial period determined within each Union Contract. See Union Contracts.

cc: CMH Personnel File
Chief Executive Officer

NON-ACCEPTANCE MEMO

M E M O R A N D U M

TO: (Employee)

FROM:

DATE: (Date)

SUBJECT: Current Vacancy at _____ Program for _____ Position

Your request to transfer into the position that is currently vacant was not honored based on the following reasons.

I regret that I was unable to honor your transfer request at this time. Your request will be kept in the agency's master file and you will be considered for future vacancies.

cc: Personnel File

STAFF/PROVIDER CHANGE

Staff Name: _____

Employee #: _____

Effective Date: _____

☐ Letter of Transfer: _____

☐ Transfer Evaluation: _____

☐ Technical Request for telecommunication needs (phone, computers, etc):

☐ E-mail Change Request: _____

☐ Update Functional Job Description: _____

☐ Training Issues: _____

☐ Credentialing and Privileging: _____

☐ Update Provider Enrollment: _____

☐ Staff Activity Code Issues: _____

☐ Facility Maintenance: _____

☐ Manning Table: _____

☐ Crisis Roster Update: _____