



Gladys Carrión
Commissioner

M E M O R A N D U M

Mitch Gipson
Deputy Commissioner
Division of Administration

REVISED: September 30, 2014

TO: All Staff
Administration for Children's Services

Claudette R. Wynter
Assistant Commissioner

FROM: Deborah Sumlin
Transfer Unit Manager
Office of Personnel Services

Office of Personnel Services
150 William Street, 16th Floor
New York, N.Y. 10038

SUBJECT: Request For Transfer/Hardship/Schedule Change Process

212-341-2501 tel.
212-341-2504 fax

This memorandum is to inform you of the ACS Employee Transfer/Hardship/Schedule Change Process. To request a transfer, hardship, schedule change or change of days off, you must complete the Transfer Request Form (CS-300) that is available on the ACS intranet. A copy has been attached for your convenience.

Complete the Transfer Form and forward it to the **ACS Transfer Unit, located at 150 William Street, 16th floor, New York, NY 10038.**

For General Transfers:

Complete all information requested on the transfer form and submit to the ACS Transfer Unit at the address indicated above. Please include your home, office and cellular phone numbers in the event the Transfer Units needs to contact you regarding your transfer request.

For Hardship Requests: When requesting a hardship, you must prepare a statement of your reason to transfer or for a change in schedule. You will also need to submit the following information along with your transfer form:

- **Childcare** – Submit the birth certificate for child (ren) along with documentation confirming school enrollment, care by child care provider, after care organization as well as medical documentation *if* the situation is referring to the child's medical condition. These documents should be submitted on the official letterhead, signed and dated by the physician. Letters from baby sitters should be signed and dated.
- **Travel** - Documentation from the Metropolitan Transit Authority, www.Hopstop.com or any other mode of public transportation confirming travel time from your current residence to your work location. When requesting this information from Hopstop or the MTA, the specific departure time from your residence must be included in your request to determine the proper arrival time.
- **Safety** – A safety transfer is a situation where an employee has been threatened and or assaulted by a client, or other person(s) while performing your duties for the agency. An incident report should be filed at your location and submitted with your transfer request. If applicable, a copy of the police report filed with the NYPD should also be submitted with your Transfer Request Form. A safety transfer can also be a situation where an employee may be a victim of domestic violence (DV). **All DV, sexual assault and stalking cases should immediately be referred to the Office of Equal Employment Opportunity (EEO), Attention: Zoraida Diaz. Ms. Diaz can be reached at 212-676-6955.** DV transfers are arranged immediately to the best available location.

- **Personal** – Submit all documentation that supports your request for a personal hardship, e.g., educational, caring for ill relative (including medical documentation for the relative and confirmation that the employee is the sole caregiver), etc.

Once all information is submitted, you will receive an acknowledgement letter that your request has been received. You may be contacted to request additional information if necessary.

For hardship requests, you will receive a letter of determination indicating whether or not your hardship has been approved. All requests are reviewed on a case by case basis with supporting documentation. If approved, your request will be accommodated when an authorized vacancy becomes available. If disapproved, your hardship transfer will be registered as a general transfer and accommodated when an authorized vacancy becomes available.

All transfers remain on file until the transfer is completed **or** for one year from the date of submission. ***Please note that transfers are granted in order of seniority in title.*** If you require clarification or additional information regarding this process, please contact the Transfer Unit at 212-341-2556 (DCP employees only) or 212-341-2562 (all other employees). You may also fax your transfer documents to 212-341-2525.

Medical Hardship/Domestic Violence/Sexual Assault/ Stalking/Religious Observance

A safety transfer may also be granted as a reasonable accommodation when an employee is a victim of certain types of crime, whether or not the crime occurred while performing the duties of your job. In addition, a request for reasonable accommodation for religious observance can be granted with proper documentation. For transfer requests/accommodations related to **medical hardship, domestic violence, sexual assault, stalking or for religious observance; please contact:**

**The Office of Equal Opportunity Employment (OEEO)
150 William Street, 11th Floor
New York, N.Y. 10038
Attention: Zoraida Diaz**

Jodi Savage, EEO Officer/Director
212-442-2356

Serena Scott-Ram, Deputy Director
212-227-6717

Zoraida Diaz
Trainer/Investigator

Thomas Trottier
Trainer/Investigator

Myra Garcia
Attorney

Fax: 212-676-6515

If you need additional information, please contact the EEO office at the phone numbers indicated above.



CS-300
Revised 9/2014

REQUEST FOR TRANSFER

Submit your request to the Office of Personnel Services Transfer Unit at 150 William Street, 16th Floor, New York, N.Y. 10038. You may also fax your request to 212-341-2525. All transfer requests received by Personnel Services will remain on file until the transfer is completed or for one year from the date of submission.

This request is for: Transfer Change in Tour/Shift Change in Pass Days/Days Off
(Check all that apply).

EMPLOYEE INFORMATION: <i>Please print legibly.</i>			
Last Name:	First Name:	M.I.	Gender: () Ms. () Mr.
Employee ID #:	Current Title/Level:		
Home Address:			
City:	State:	Zip:	
Home Phone # ()	Office Phone # ()	Alternate Phone # ()	

CURRENT ASSIGNMENT:	
Division/Program:	Unit/Facility:
Distribution Point:	Work Location Address and Borough:
Current Work Schedule/Tour:	Days Off/Pass Days:

REQUEST FOR TRANSFER TO:	
Division/Program	Work Location Address and Borough
1.	
2.	
3.	
4.	
5.	

SHIFT CHANGE:	
What work schedule/tour are you requesting?	What days off/pass days are you requesting?

SIGNATURE

DATE