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**Office of Personnel Services**  
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## MEMORANDUM

**REVISED:** March 23, 2018

**TO:** All Staff  
Administration for Children's Services

**FROM:** Deborah Sumlin  
Director of Transfers  
Office of Personnel Services

**SUBJECT:** Request For Transfer/Hardship/Schedule Change Process

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) which is available on the ACS intranet under the Personnel heading.

Complete the Transfer Form and forward it to the **ACS Transfer Unit, located at 150 William Street, 16<sup>th</sup> floor, New York, NY 10038**. You may also fax your request to one of the two E-Fax numbers: **DCP Staff Members Only: 917-551-7258. All Other ACS Staff Members: 917-551-7259.**

### 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.Tripplanner.mta.info](http://www.Tripplanner.mta.info) or any other mode of public transportation confirming travel time from your current residence to your work location. When requesting this information from 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: Jodi Savage, EEO Officer/Director.**

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).

**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 (OEE0)  
150 William Street, 11<sup>th</sup> Floor  
New York, N.Y. 10038  
**Attention: Jodi Savage****

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

**Jessica Cook**  
American Disabilities Act Coordinator  
212-341-8951

**Thomas Trottier**  
Trainer/Investigator  
212-676-7011

**Myra Garcia**  
Attorney  
212-341-4164

**Fax: 212-676-6515**

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



## REQUEST FOR TRANSFER

Submit your request to the Office of Personnel Services, Transfer/Special Projects Unit at 150 William Street, 16<sup>th</sup> Floor, New York, N.Y. 10038. You may also fax your request to one of the two e-Fax numbers: **DCP Staff Members Only** - 917-551-7258. **All other ACS Staff Members** - 917-551-7259. 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:			
Last Name:	First Name:	M.I.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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?

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE