

REASSIGNMENT REQUEST

Agency: _____
requests that the Division of Human Resource Management (DHRM) assist in the statewide position reassignment of the below referenced employee:

Employee Full Name: _____ State ID: _____

Current class: _____ Current position (Org/PCN): _____

See the Equal Employment Opportunity's guidance for information on an employer's responsibilities <https://www.eeoc.gov/facts/ada17.html>).

I certify that the following steps have been performed:

1. It was determined that the employee is a "qualified individual with a disability" as defined by the Americans with Disabilities Act (ADA);
2. It was determined that the employee cannot perform the essential functions of his or her current position without accommodation;
3. It was determined that the employee cannot be reasonably accommodated in his or her current position;
4. It was determined that the employee cannot be reassigned to an open, equivalent (i.e. same pay grade) position for which the employee meets the minimum qualifications within the agency due to:
 - a. "Undue hardship" as defined by the ADA; or
 - b. The agency has no open positions at the employee's current pay grade for which the employee meets the minimum qualifications.
5. ***Agency's legal counsel has reviewed relevant information/documentation, steps 1-3 and concurs with requesting statewide position reassignment.***
6. The employee has completed a Job Development form and it is attached to this form.

The following individual will be the agency's point of contact for the statewide position reassignment process:

Contact name: _____

Phone #: _____ Email address: _____

I understand that if the employee is not placed in an open, equivalent position, my agency will be responsible for identifying any open positions at a lower pay grade in the agency if the employee meets the minimum qualifications absent "undue hardship".

Print appointing authority or designated representative name and title: _____

Signature: _____ Date: _____

Please return this form and the required attachment to DHRM's Supervisory Personnel Analyst, Recruitment unit. If you have any questions regarding the steps or process, please contact DHRM's Consultation & Accountability unit at (775) 684-0111.