



REASSIGNMENT REQUEST FORM

I. EMPLOYEE INFORMATION

Name of Employee: _____ Employee PIN: _____

II. CURRENT LOCATION

Jurisdiction: { } District Court { } Circuit Court County: _____
 { } AOC/JIS { } COA/CSA/CRA

III. NEW LOCATION

Effective Date of Change: _____

New Department: _____ New Physical Location: _____

New Supervisor: _____ New Office Phone #: _____

(please provide an updated organizational chart)

Reason for Request:

Is this change permanent or temporary? { } Permanent { } Temporary End Date: _____
(if temporary, enter the end date)

Reassignment – The lateral movement of an employee within the court/office of the Administrative Official that does not result in a change in salary grade, and the employee retains his/her existing PIN.

IV. APPROVAL

Supervisor Signature / Date

Administrative Official Signature / Date

Please Attach All Related Documentation and Return to:

Administrative Office of the Courts
 Human Resources Department, Employment Services
 580 Taylor Avenue, A-1
 Annapolis, MD 21401

V. RECEIVED/ASSIGNED (HR USE ONLY)

Date Received in HR: _____

To Recruitment Staff: _____

To Transactions Staff: _____