



**Request for Reassignment**

Please Print. If you fail to complete this form in its entirety or if it is not legible, DOHR will return this form to you. A delay for any reason may result in the loss of reassignment opportunities.

Full Name \_\_\_\_\_  
First Middle Last

Current Official Job Class Title \_\_\_\_\_

Employee Edison ID Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

State E-mail Address \_\_\_\_\_ Other E-mail Address \_\_\_\_\_

Name of Current Agency \_\_\_\_\_

County Location of Current Work Unit \_\_\_\_\_

Current Supervisor's Name and Telephone Number \_\_\_\_\_

Are you willing to work Statewide? (Only check yes if you are willing to work anywhere in the State of Tennessee.) Yes \_\_\_ No \_\_\_

If No, Are you willing to work in other counties: Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, please specify a maximum of five (5) counties:


List up to five (5) job classifications for which you are interested in being given reassignment consideration: **For open job classifications go to: [www.state.tn.us/dohr/](http://www.state.tn.us/dohr/).** Click on "for Employment", then "DOHR Reassignment Office."

(Order of list is not relevant to the placement process) Please Print	Job Class Code	For Use by DOHR Only			
		Qualified	Does Not Qualify	Reason Code	Rater Initials

Reason Codes: 01 = lack of education, 02 = lack of work experience, 03 = lack of education/experience, 04 = lack of special education, 05 = lack of supervisory experience, 06 = lack of license or certification, 12 = non-accredited college or university, 13 = other (**for use by DOHR only**) \_\_\_\_\_

I have read or had read to me all of the above information and understand that submitting a **complete and accurate** State of Tennessee employment application with an attached, **complete and accurate** Request for Reassignment is a condition of my application being considered for continued employment and that any delay due to incompleteness or inaccuracy may result in the State's inability to offer continued employment.

Signature: \_\_\_\_\_ Date \_\_\_\_\_