

LOS ANGELES GENERAL MEDICAL CENTER DEPARTMENT OF NURSING SERVICES POLICY

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Subject: EMPLOYEE TRANSFER REQUEST		Original Issue Date: 08/91	Policy # 530
		Supersedes: 10/20	Effective Date: 11/23
Departments Consulted:	Reviewed & Approved by: Professional Practice Committee Nurse Executive Council	Approved by: (signature on file) Nancy Blake Chief Nursing Officer	

PURPOSE

To establish a system by which employees may request an internal transfer to a different work area, or a position within the Los Angeles General Medical Center Nursing Department for clinical and professional growth.

To ensure timely release of employees who have requested and accepted an internal transfer or promotion.

POLICY

- Eligible employees must have current competent performance evaluations. Exceptions will be considered on a case-by-case basis.
KEY POINT: No transfer should occur without an honest disclosure of an employee's current performance.
- New employees must complete the probationary period before requesting an internal transfer. Employees who have received specialty training should remain in their assigned areas for at least a year.
- Internal transfer requests are current for 180 days and must be renewed if the desire for reassignment continues.
- Employees may request more than one internal transfer but must complete a separate request for each.
- Unless otherwise agreed to by the departments, the effective date of the transfer must be no less than fourteen (14) days and no more than thirty (30) days from the date of the request made by the hiring department (Civil Service Rule 15:02-B). If an exception is made to this policy, the employee will be notified of the reason and the expected date of transfer.

**DISTRIBUTION: Los Angeles General Medical Center
Department of Nursing Services Policy Manual**

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PROCEDURE

The Transfer Request Form, is provided and may be obtained on the Nursing Department Sharepoint under Nurse Recruitment and Retention Center (NRRC) forms.

Employee Responsibility:

- Review available opportunities posted in the NRRC
- Discuss available opportunities with NRRC staff; receive a copy of the Employee Transfer Request form and Policy from NRRC or from the Nursing website under NRRC and validate that he/she has informed the current nurse manager of intent to transfer
- Complete a separate Transfer Request form for each area of interest
- Obtain current nurse manager's signature on the Transfer Request form to validate nurse manager's knowledge of the intent to transfer
- Return the transfer form to NRRC and schedule an interview with the nurse manager of the unit to which employee is requesting transfer

If, at any point in time, an employee changes his/her mind about the request for internal transfer, or chooses to decline an offer that is made, the employee should rescind the request/refuse the offer by way of a written notice to the NRRC.

Nurse Manager of Requested Unit:

- Interview the employee
- Sign Transfer Request form
- Return the completed Transfer Request form to NRRC with results of interview-selected/not selected
 - If employee is not accepted:
 - No further action is necessary

NRRC:

- NRRC will maintain postings of job opportunities
Provide the Transfer Request form and Employee Transfer Request Policy to the employee upon request.

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- Maintaining all request forms for 180 days from the date of original request
- Facilitate employee's requests for transfer by:
 - Notify of job offer
 - Notify the Nurse Manager, Clinical Nursing Director, and Nursing Item Control (NIC) if the employee is accepted.
 - Notify the employee of the start date in the new department

Nursing Item Control (NIC):

- Establish a release date with the employee's current Clinical Nursing director
- Notify the accepting unit and NRRC of the release date

REFERENCE

Civil Service Rule 15:02-B

REVISION DATES

01/03, 02/05, 09/08, 04/16, 10/20, 11/23

Attachment 530-A

Los Angeles General Medical Center
Department of Nursing

TRANSFER REQUEST

Date: _____

Instructions: To request an internal transfer to another Nursing Area, complete all sections and submit to the Nurse Recruitment Office.

Employee Name:	
Employee No:	Civil Service Title:
Work Extension:	Home Phone:
Current Unit:	Current Shift:
Requested Unit:	Requested Shift:

The employee understands:

- He/she must attach a current, competent performance evaluation in order to be considered for transfer
- This request is valid for 180 days from the date of receipt by the Nurse Recruitment and Retention Center
- He/she must renew the request after the 180 days have expired
- A separate Transfer Request Form must be completed for each unit being considered for reassignment

Employee Signature Date: _____

Nurse Manager Signature - **Current** Unit
(I am aware this employee is actively seeking an internal transfer)

Date: _____

Nurse Manager Signature - **Requested** Unit
Employee offered position: † Yes † No
Comments: _____

Date Approved: 2/01/09