

 <b>COOK COUNTY HEALTH &amp; HOSPITALS SYSTEM</b> <b>CCHHS</b>		<b>COOK COUNTY HEALTH &amp; HOSPITALS SYSTEM</b> <b>EMPLOYMENT PLAN - SUPPLEMENTAL POLICIES</b>	
<b>POLICY TITLE: TRANSFERS</b>		<b>PAGE 1 of 1</b>	
<b>Date of Approval:</b> <b>06-10-2016</b>	<b>Policy Number: 02.01.12</b>	<b>Transfer Notification Form</b>	
<b>Effective Date:</b> <b>10-17-2016</b>	<b>Associated Personnel Rule:</b> <b>2.05</b>		

**PURPOSE:** To establish the process for the implementing a Transfer of an Employee in accordance with CCHHS Personnel Rules and the Plan.

**AREAS/EMPLOYEES AFFECTED:** This Policy applies to all Departments and all Employees. If any provision in this Policy conflicts with a specific provision in any CBA, the provision in the CBA shall govern provided it does not permit or involve the use of any Unlawful Political Contact or Unlawful Political Discrimination. If any provision in this Policy conflicts with a specific provision in the Plan, the provision in the Plan shall govern

**POLICY AND PROCEDURE:** A Department Head may implement a Transfer of an Employee in accordance with the following procedure:

**No Political Reasons or Factors.** All Transfers must be done in accordance with this Policy, the CCHHS Personnel Rules, and the Plan, as and if applicable. No Employment Action relating to the Transfer of an Employee may be based on any Political Reasons or Factors.

**Transfer Procedure.** If a Department Head implements the Transfer of an Employee to a different work location within his or her Department, he or she must complete and submit a Transfer Notification, which must include, but not be limited to: (1) the name of the Employee(s) transferred, (2) the specific reason(s) for the Transfer, (3) confirmation that the Employee(s) salary and grade will not change, and (4) confirmation that the Transfer is within the Employee’s original Department. The Notification must be sent to the Chief of Human Resources or his or her designee, with a copy to the EPO and CA, while acting. A list of Departments is attached as Exhibit B.

All Transfers must (1) be based on the operating needs of the Department and (2) not be used as a substitute or alternative for discipline or for the purpose of avoiding a Layoff.

Employees serving a leave of absence are not eligible for a Transfer.

**NPCC.** All Employees transferred pursuant to this Policy and participating in a Transfer must sign a NPCC certifying that no Political Reasons or Factors were considered in the Employment Action.

**TRANSFERS FORM**  
Policy Number: 02.01.12



**TRANSFER NOTIFICATION AND CERTIFICATION FORM**

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

Employee Name: \_\_\_\_\_

Position ID: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Previous Department: \_\_\_\_\_

Work Location: \_\_\_\_\_

Current Department: \_\_\_\_\_

Work Location: \_\_\_\_\_

Explain operational needs and specific reason(s) for the transfer:

Explain employee selection method used:

**DEPARTMENT HEAD CERTIFICATION**

I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCHHS employment or hiring upon or because of any political reason or factor as defined in the Employment Plan or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any Employment Actions taken with respect to the above Request for Approval of Demotion. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

I hereby also certify that the above Transfer was done in compliance with the Transfer Policy contained in the Employment Plan Supplemental Policies Manual.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

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