

**REASSIGNMENT OF DEPUTIZED STAFF TO WORK STATION
AND SHIFT (DJCO I/DJCO II/SR. JCO)**

- AUTHORITY:** Administrative Directive
Department Policy
- RESCINDS:** Procedure Manual Item 3-1-203, dated 6/18/10
- FORMS:** Assignment Preference Request (F057-6027) (Attachment A)
Institutional Transfer Request (F057-6060) Attachment B)
Personnel Assignment Worksheet Form (F057-8066)
- PURPOSE:** To establish a procedure regarding assignment of Senior Juvenile Correctional Officers (Sr. JCO), Deputy Juvenile Correctional Officers II (DJCO II), and Deputy Juvenile Correctional Officers I (DJCO I) staff to work station and shift within currently assigned workstation and/or transfer between facilities. To assist employees in establishing and maintaining their preferences on record for Management to consider, thus expediting the filling of assignment locations and shift openings.

I. GENERAL INFORMATION

A. Criteria for Staff Assignments and Reassignments

1. Staff work assignments and reassignments are made to meet the operational needs of the Department.
2. Management makes staff assignments and reassignments with consideration of the employee's expressed preference.
3. Management determines the need for assignment/reassignment to or between the facilities based upon each of the following:
 - a. Seniority will be the primary consideration as described below:
 - (1) Time-in-grade (start date in current classification. Time-in-grade for Sr. JCOs will be their DJCO II promotion date. Sr. JCOs and DJCO IIs who are laid off will retain their initial time-in-grade date if reinstated within the two-year period.
 - (2) Start Date with Orange County Probation Department
 - (3) Start Date (date of hire) with Orange County as a regular or limited term position
 - (4) Start Date of the Academy (at least month and year)

- (5) County Employee ID Number (lower numbers have higher seniority).
 - b. The need to assign/reassign staff based upon an increase or decrease in workload or detained population.
 - c. The number of existing vacancies and the need to fill a vacancy to reduce overtime expenditures, and/or to comply with California Code of Regulations, Title 15 mandates.
 - d. The need to develop the employee's skills, and/or cross-train the employee in order to affect the continuous safety, security, and control of a unit, dorm, or facility.
 - e. The current supervisor's recommendation regarding the employee's desired preference for work assignment and/or days.
4. Prior to a staff deployment, announcements regarding assignment vacancies (open shifts) will be posted on ProbNet as they become available for a minimum of 5 (five) calendar days. If appropriate, these announcements will include any special operational need i.e. safety needs based upon health and physical requirements, bilingual requirements, gender requirements.
 5. Staff who requested reassignment and not selected but with time in grade over the selected staff assigned to shift/locations, will automatically be scheduled for a meeting with the appropriate facility Assistant Division Director and facility Division Director within three working days of the deployment meeting. During said meeting, the employee will receive information as to why he/she was not selected, the rational for the selection, and the operational need required, which was met by staff assignment.
 6. Probationary employees generally benefit from consistent training and therefore, should not be considered for reassignment from one facility to another without consulting with the Chief Deputy Probation Officer (CDPO) of the Juvenile Facilities Bureau.
 7. When a new assignment or new program is going to be initiated and a request to be assigned to it is not specified on the Assignment Preference Request form or Transfer Request form, a memo will be sent to the staff in the appropriate classification announcing the nature of the new assignment and location. Time is to be allowed to enable interested staff to submit a new Assignment Preference Request or Transfer Request Form. In some instances, Management may determine that there should also be a meeting with the interested staff to further explain the program.
 8. An employee's Assignment Preference Request and/or Transfer Request will not be denied as a form of discipline.

9. All inter-facility and Youth Reporting Center (YRC) reassignments will be coordinated with the respective Division Directors and approved by the appropriate CDPO.

B. Assignment Requests/Statements of Preference

1. An employee must submit an Assignment Preference Request (for reassignment within current location) and/or Transfer Request (for reassignment to another location) based on the following circumstances:
 - a. At least annually or within two weeks after any of the following personnel transactions:
 - (1) Promotion
 - (2) Assignment/Reassignment
 - (3) Return from Leave of Absence
 - (4) Change in status (i.e. part-time to regular full time).
 - b. Whenever the employee wishes to be considered for reassignment or desires to change a previously expressed assignment preference.
2. Transfer Requests will be forwarded by the appropriate chain of command to the CDPO of Juvenile Facilities Bureau's secretary within five days of submission by the requesting staff.
3. Staff with a Transfer Request (for reassignment to another location) on file who no longer desire to be considered for transfer are to e-mail their Supervisor and copy the CDPO of Juvenile Facilities Bureau's secretary requesting withdrawal of their transfer request.

II. PROCEDURE

- A. The employee completes the Assignment Preference Request and/or Transfer Request.
 1. Use black or blue ink.
 2. If the requested assignment does not have a code, write out the title of the assignment on the form.
 3. Do not list the present assignment as one of your choices.
 4. Refer to attached INSTRUCTIONS FOR COMPLETING ASSIGNMENT PREFERENCE REQUEST FORM (Attachment A) and/or TRANSFER REQUEST FORM (Attachment B).
 5. Transfer Requests are to be faxed to the CDPO of Juvenile Facilities Bureau's secretary who will maintain the faxed copy pending receipt of the signed request.
 6. Forward the form to immediate supervisor.

B. Immediate Supervisor

1. Refer to attached INSTRUCTIONS FOR FIRST-LINE SUPERVISORS.
2. Forward the form via Assistant Division Director (ADD) to Division Director (DD).

C. DD and/or ADD

1. Refer to attached INSTRUCTIONS FOR DD AND/OR ADD.
2. Forward all Transfer Request forms to the CDPO of Juvenile Facilities Bureau's secretary.
3. Assignment Preference Request forms are maintained at the assigned location.

D. Secretary of the Chief Deputy Probation Officer, Juvenile Facilities Bureau

1. Refer to attached INSTRUCTIONS FOR CDPO SECRETARY
2. Enter the information from the Transfer Request form into the automated system.

E. Process for filling a vacant shift

1. The DD and/or ADD (when possible, with input from the current and receiving unit supervisors), will consider for deployment all employees on record noting preference for a particular opening.
2. Regular staff who transfer between facilities will be selected for a vacant shift based upon the criteria set forth in I.A 1-9 of this PMI.
3. Regular staff who are selected to transfer to another location to fill a vacant shift will be required to remain at that location for a minimum of six months in order to ensure the integrity of the programs offered at each location.
4. If no staff has listed the vacant shift under consideration at deployment, the DD and/or ADD will assign the shift to the floater at that location with the least amount of time in grade taking into account the factors listed previously under I.A.3 (seven days advance notice will be given when practicable).

Regular floater status is not a permanent assignment. Staff members on the floater list are utilized to cover shifts that are vacant due to unanticipated absences, vacations, and leaves of absence. Generally, staff are placed on the floater list upon promotion to DJCO II, return from an LOA that exceeds 120 days or the closing of a unit or facility.

5. Staff displaced when a previously existing shift is closed will be given seven days advance notice of the proposed closing when practicable. Also within this context:
 - a. Displaced staff may apply for reassignment in the same manner as those applying for vacant or newly created shifts and will be selected in the same manner.
 - b. Displaced staff who cannot be placed in regular shifts will be assigned a shift with fixed hours and two consecutive days off until a regular vacancy becomes available (seven days advance notice of impending shift change will be given when practicable).
 - c. If a previously closed shift is reopened within 90 calendar days (i.e., by reopening a closed unit), the staff members displaced by its closure will be replaced in that shift if they so desire.
 6. When a regular status employee is absent from his/her work assignment for 120 consecutive calendar days or less, his/her shift will be made re-available to him/her upon return to work (assuming there are no work restrictions).
 7. When a regular status employee has been absent from his/her work assignment for more than 120 consecutive calendar days, they will lose their permanent shift. Upon return to work, he/she may request to be assigned to a similar shift pattern (days off and hours) for the first 30 days (assuming there are no work restrictions). After 30 days, he/she will be assigned as a Regular Floater.
- F. Process for filling a vacant floater position
1. All employees on record from the Transfer Request database noting preference for a transfer to another location as a floater will be considered for transfer.
 2. Regular staff who are selected to transfer to another location to fill a vacant position will be required to remain at that facility for a minimum of six months in order to ensure the integrity of the programs offered at each location.
 3. If no one has requested to transfer to a vacant floater position, the position may be filled by a new promotion. Regular Floaters are deployed to vacant shifts according to II, E.
- G. Notification of Reassignment to Employee
1. Every effort will be made to give notice to an employee being reassigned before information is shared with other staff.
 2. In all instances of assignment, reassignment, or failing to receive a requested assignment, staff are expected to:

- a. Accept assignment/reassignment with professional demeanor.
 - b. Perform all assigned tasks according to performance standards.
3. "Receiving" DD and/or ADD
- a. Advises employee's ADD/supervisor when the reassignment will be effective.
 - b. Indicates when the employee is expected to assume new duties.
 - c. Informs the ADD/supervisor of the reasons for change of assignment (to be shared with employee).
4. "Sending" DD and/or ADD
- a. Confirms that the employee has been notified of the reassignment.
 - b. Notifies the receiving ADD/Supervisor of the employee's reassignment and date of anticipated arrival.

H. Notification of Reassignment to the Professional Standards Division

- 1. The "receiving" DD submits a completed Personnel Assignment Worksheet (F057-8066).
- 2. To the extent possible, the date of reassignment indicated on the form should correspond with the commencement of a pay period.

REFERENCES:

Procedure:	1-3-201	Reassignment of Deputized Staff (DPO Series and SPO)
	1-3-202	Requesting Reassignment
	1-3-205	Separation Through Termination, Resignation, Retirement, or Transfer
	1-3-206	Reporting Personnel Change
	3-1-204	Reassignment of Supervising Juvenile Correctional Officers
Policy:	C-5	Work Assignment

Attachments

D. Martinez

APPROVED BY:

INSTRUCTIONS FOR COMPLETING ASSIGNMENT PREFERENCE REQUEST

Reassignment at current location

Prior to completing an Assignment Preference Request, be sure you consult the Assignment Locations Sheet for SRJCO, DJCOII, and DJCOI which is printed on the reverse side of the form. This form is to be completed by all Regular staff.

Item A (NAME):

PRINT your name, entering:

- a. Your last name first;
- b. Your first name;
- c. Your middle initial; and
- d. Your last four digits of Social Security Number.

Item B (PRESENT ASSIGNMENT):

To complete Item B, write in your current assignment.

Item C (PRESENT CLASSIFICATION):

Circle the classification, which describes your present classification: DJCOI, DJCOII, DJCOII-PT, or SRJCO

Item D (BILINGUAL PAY):

List any language for which you are receiving bilingual pay.

Item E (SPECIAL SKILLS AND/OR ABILITIES):

List any special skills and/or abilities you would like considered (attach an additional sheet if necessary).

Item F (ASSIGNMENT PREFERENCES): (Check only one)

1. If Number 1 is checked, you must list in Item G up to three assignments to which you would most prefer to be assigned if the Department has a need to reassign you to meet Agency needs.
2. If Number 2 is checked, one or more specific preference assignments should be listed in Item G. Remember to select assignments that match your current days off.
3. If Number 3 is checked, you do not want to change assignment and your preferred days off must be listed in Item I and must match your Item H choice of workweek.
4. If Number 4 is checked, your priority is days off. Your preferred work week must be selected in Item H and your preferred days off in Item I must coincide with your workweek preference.

5. If Number 5 is checked, your priority is reassignment and a change in days off. Your preferred assignments must be selected in Item G; your preferred workweek must be selected in Item H, and, your preferred days off must be selected in Item I. Your preferred assignment must match your preferred workweek and days off.
6. If number 6 is checked, you have no preference regarding reassignment or preferred days off.

Item G (PREFERRED ASSIGNMENTS):

To complete Item G, you need to consult the Assignment Location Coding Sheet for DJCO I/DJCO II/SRJCO. Remember to refer to the specific section of the coding sheet that corresponds to your present classification. You may select up to three specific assignments choices from your current institution. (Remember if you prefer a transfer to another institution, you must first complete the Transfer Request). It is very important that you use the current location code to complete Item G. Your preferred assignment selection must match your preferred workweek and current or preferred days off. (Number of preferred days off must coincide with workweek preference and availability of workweek preference at preferred assignments).

Item H (PREFERRED WORKWEEK): (Check only one)

If you select a "4 day workweek" or a "5 day workweek", your preferred assignment and days off must match. Select "no preference" if you wish to be considered for all workweeks.

Item I (PREFERRED DAYS OFF): (Number of days must coincide with workweek preference)

Depending on the institution, you may select up to two combinations of days off.

Item J (SIGNATURE, DATE, and COMMENTS Sections):

Before you sign and date your Assignment Preference Request, please be sure that you have completed Items A-I accurately and in accordance with the above written instructions. If any items are not filled in or completed in accordance with these instructions, the form will be returned via the chain of command. If the data regarding your specific assignment preferences is not coded accurately, you may not be considered when a vacancy does occur in an area in which you have interest. Moreover, if it is deemed necessary to reassign you, your specific desires may not be known to Management. Therefore, it could be assumed that you have no preference regarding reassignment.

You may provide clarifying information regarding the assignment preferences you have indicated above. The information you provide may be considered during the deployment process.

When you have completed Items A-J and have signed and dated this form, you are to submit the form to your immediate Supervisor. If you want a copy of the completed form after it is signed by your Supervisor, one will be supplied upon request.

Item K (INSTRUCTIONS FOR FIRST-LINE SUPERVISORS):

When you have received the Assignment Preference Request Form from your staff, you are to check to ensure that:

1. Items A-J have been completed (all items).
2. The information regarding present location/classification, and that with regard to Item G (preferred assignment), both written descriptions and numerical codes have been provided and are accurate.
3. This selection in Item F must have the necessary additional items completed, *i.e., if choice 2 is made on Item F, at least one specific preference - written and numerical code designation must be listed under Item G.*
4. The form is signed and dated. Any forms which are not complete or accurate per the above should be returned to the initiator for appropriate corrections.

You must discuss your comments with the employee prior to completing your section of this form.

Your signature indicates that you have reviewed the form, per the above instructions, for completeness and accuracy. Enter the date you completed your review of each form. If you require additional space, feel free to use the reverse side of the form.

Item L (INSTRUCTIONS FOR DIRECTOR AND/OR ADD):

For any employee completing an Assignment Preference Form who reports directly to you, the same review procedure as outlined for First-Line Supervisors above is applicable prior to your signing and dating this form.

Assignment Preference Forms are maintained at the assigned location.

ASSIGNMENT PREFERENCE FORM

A. NAME _____
Last First M.I. LAST FOUR DIGITS OF SSN

B. PRESENT ASSIGNMENT _____ C. PRESENT CLASSIFICATION
(circle one)
DJCO I DJCO II DJCO II-PT SR. JCO

D. LANGUAGE(S) FOR WHICH YOU ARE RECEIVING BILINGUAL PAY: _____

E. SPECIAL SKILLS AND/OR ABILITIES YOU POSSESS? _____
(Attach additional page if necessary)

F. CHECK ONLY ONE OF THE FOLLOWING:

1. _____ I prefer to remain in my present assignment and shift.
2. _____ I prefer a reassignment with my current days off. **(MUST COMPLETE SECTION G BELOW)**
3. _____ I prefer to remain in my present assignment and would like to be considered for a change in days off in my current assignment. **(MUST COMPLETE SECTIONS H AND I BELOW)**
4. _____ I would like to be considered for a change in days off and have no preferences regarding assignment. **(MUST COMPLETE SECTION H AND I BELOW)**
5. _____ I prefer a reassignment and change in days off. **(COMPLETE SECTIONS G, H AND I BELOW)**
6. _____ I have no preference regarding reassignment or preferred days off.

G. PREFERRED ASSIGNMENTS

1. _____

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2. _____

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3. _____

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H. CHOOSE ONE: 4-day work week 5-day work week No Preference

I. PREFERRED DAYS OFF (Number of days must coincide with work week preference)

1. _____, _____, _____, _____
2. _____, _____, _____, _____
3. _____, _____, _____, _____

J. Signature _____ Date _____

Comments: _____

K. Reviewed by first-line supervisor: _____ Date _____

Comments: _____

L. Reviewed by Director or designee: _____ Date _____

Comments: _____

INSTRUCTIONS FOR COMPLETING INSTITUTIONAL TRANSFER REQUEST

Reassignment to another location

This form is to be completed by all Regular staff requesting to be reassigned to another location.

Item A (NAME):

PRINT your name, entering:

- a. Your last name first;
- b. Your first name;
- c. Your middle initial and,
- d. Your last four digits of Social Security number.

Item B (PRESENT LOCATION):

To complete Item B, write in your current work location.

Item C (PRESENT CLASSIFICATION):

Circle the classification, which describes your present classification: DJCOI, DJCOII, DJCOII-PT, or SRJCO.

Item D (BILINGUAL PAY):

List any language for which you are receiving bilingual pay.

Item E (CLASS B LICENSE):

A Class B license is required to work at the JCWP/Transportation, YGC, Joplin, YLA and YRC's. If you have a Class B license, fill in your license number and medical expiration date.

Item F (SPECIAL SKILLS AND/OR ABILITIES):

List any special skills and/or abilities you would like considered (attach an additional sheet if necessary).

Item G (TRANSFER PREFERENCE): (Check only one)

Put a check by the institution/work location you would like to be transferred. If your selection is the Youth Reporting Center, indicate the location.

ITEM H (PREFERRED SHIFT):

Indicate the shift you are requesting or if you are willing to transfer in to any available shift or floater position.

ITEM I (SIGNATURE, DATE, AND COMMENTS SECTIONS):

Before you sign and date your Transfer Request Form, please be sure that you have completed Items A-H accurately and in accordance with the above written instructions. If any items are not filled in or completed in accordance with these instructions, the form will be returned via the chain of command.

You may provide clarifying information regarding the transfer request you have indicated above. The information you provide may be considered during the deployment process.

When you have completed Items A-H and have signed and dated this form, fax a copy of the form to the CDPO of Juvenile Intake and Detention Bureau's secretary. You are to submit the form to your immediate Supervisor. If you want a copy of the completed form after it is signed by your Supervisor, one will be supplied upon request.

ITEM J (INSTRUCTIONS FOR FIRST-LINE SUPERVISORS):

When you have received the Institutional Transfer Request Form from your staff, you are to check to ensure that:

1. Items A-H have been completed (all items).
2. The form is signed and dated. Any forms which are not complete or accurate per the above should be returned to the initiator for appropriate corrections.

You must discuss your comments with the employee prior to completing your section of this form.

Your signature indicates that you have reviewed the form, per the above instructions, for completeness and accuracy. Enter the date you completed your review of each form. If you require additional space, feel free to use the reverse side of the form.

Reminder: Completed forms will be forwarded to the CDPO of Juvenile Intake and Detention Bureau's secretary within five days of submission by the requesting staff.

Item K (INSTRUCTIONS FOR DIRECTOR AND/OR ADD):

For any employee completing a Transfer Request Form who reports directly to you, the same review procedure as outlined for First-Line Supervisors above is applicable prior to your signing and dating this form and forwarding it to the CDPO of Juvenile Intake and Detention Bureau's secretary

ITEM L (INSTRUCTIONS FOR CDPO SECRETARY):

The CDPO of Juvenile Intake and Detention Bureau's secretary will maintain the faxed copy pending receipt of the signed request and will enter the data into the automated system. Any forms, which are identified as incomplete or inappropriately completed, will be returned via the chain of command for the necessary corrections.

INSTITUTIONAL TRANSFER REQUEST

A. NAME _____
Last First M.I. LAST FOUR DIGITS OF SSN

B. PRESENT LOCATION _____ C. PRESENT CLASSIFICATION:
DJCO I DJCO II DJCO II-RPT SR.JCO

D. LANGUAGES IN WHICH YOU ARE RECEIVING BILINGUAL PAY: _____

E. DO YOU POSSESS A CLASS B LICENSE? YES NO LICENSE# _____ MEDICAL EXP. DATE: _____

F. SPECIAL SKILLS AND/OR ABILITIES YOU POSSESS? _____
(Attach additional pages if needed)

G. I REQUEST A TRANSFER TO THE FOLLOWING INSTITUTION (CHECK ONLY ONE OF THE FOLLOWING):

- 1. _____ Juvenile Hall
- 2. _____ JCWP/Transportation (Class B license required)
- 3. _____ Youth Guidance Center (Ability to obtain Class B license required)
- 4. _____ Joplin Youth Center (Ability to obtain Class B license required)
- 5. _____ Youth Reporting Center (Ability to obtain Class B license required) _____
(Indicate location)
- 6. _____ Youth Leadership Academy (Ability to obtain Class B license required)
- 7. _____ No preference.

H. Preferred Shift(s) _____

I. Signature _____ Date _____

Comments: _____

J. Reviewed by first-line Supervisor: _____ Date _____

Comments: _____

K. Reviewed by Director or designee: _____ Date _____

Comments: _____

When form is complete, please FAX to the secretary of the Chief Deputy Probation Officer, Juvenile Intake and Detention Bureau (NCFSO, 2ND FLOOR).