

HARDSHIP REASSIGNMENT APPLICATION AND AGREEMENT

(PERMANENT RELOCATION)

EMPLOYEE NAME _____

TITLE, SERIES & GRADE _____

ORGANIZATION (Program/Division/Branch) _____

IMMEDIATE SUPERVISOR – NAME & TELEPHONE NUMBER _____

OFFICE PHONE NUMBER _____

HOME OR CELL PHONE NUMBER _____

OFFICIAL DUTY STATION (CITY & STATE) _____

CURRENT LOCATION (City, State): _____

REQUESTED LOCATION (City, State): _____

ADDRESS: _____

CHOICE 1 : _____

CHOICE 2 : _____

CHOICE 3 : _____

I WISH TO BE CONSIDERED FOR:

Reassignment (Same Grade) _____ **Request Start Date:** _____

Change-to-Lower Grade _____ **Request Start Date:** _____

DOCUMENTATION ATTACHED

Written statement describing need to permanently relocate to another geographical area.

Documentation:

EMPLOYEE CERTIFICATION: I certify all information on this application and attached documentation is true and correct. I agree to abide by all of the requirements of the Hardship Reassignment Procedures as well as the requirements set forth in this document. Further, I understand that a Hardship Reassignment is not an entitlement.

I also understand that if I accept a voluntary downgrade there is no obligation of re-promotion upon relocation. Additionally, I understand that all expenses involved in this voluntary action are my responsibility unless specified differently in a vacancy announcement.

Employee Signature _____ **Date** _____

Approving Official: I certify I have reviewed this request and all supporting documentation and my decision is based solely on the information provided and in accordance with the Hardship Reassignment Policy.

APPROVED **DISAPPROVED**

Approving Official Signature _____ **Date** _____

Title: _____

Reason if disapproved: Use a separate sheet of paper if more space is needed.

DEPARTMENTAL HARDSHIP COORDINATOR:

I certify that I have reviewed this application in its entirety and all sections are complete, properly signed and all required forms are attached.

APPROVAL NOTIFICATION LETTER ISSUED: _____

SIGNATURE: _____ **DATE:** _____

FINAL HARDSHIP REQUEST DISPOSITION

EXPIRATION DATE: _____

APPROVED AND PLACED WITHIN PROGRAM OFFICE **APPROVED – NO ACTION - EXPIRED**

APPROVED AND SELECTED VIA A VACANCY ANNOUNCEMENT **NOT APPROVED.**

OTHER _____

SIGNATURE: _____ **DATE:** _____

SENSITIVE INFORMATION: The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure security and confidentiality. In addition these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.