



REASSIGNMENT REQUEST

MEMBER INFORMATION

Name		Rank	Shield Number	Social Security Number
City start date (CSD)	Title entry date (TED)	Present Station		Request Reassignment To
Reason for Reassignment Request:				
Signature			Date	

LIEUTENANT'S / IMMEDIATE SUPERVISOR'S ENDORSEMENT

Name	Title	RECOMMENDED <input type="checkbox"/>
Signature	Date	NOT RECOMMENDED <input type="checkbox"/>
If not recommended, state reason below.		

NOTE: Lieutenant / Immediate Supervisor shall attach a copy of the member's most recent evaluation. If more than six months has elapsed since the last evaluation, a new evaluation must be completed and forwarded with this request.

COMMANDING OFFICER'S ENDORSEMENT

Name	Title	RECOMMENDED <input type="checkbox"/>
Signature	Date	NOT RECOMMENDED <input type="checkbox"/>
If not recommended, state reason below.		

DIVISION COMMANDER'S OR DESIGNEE'S ENDORSEMENT

Name	Title	RECOMMENDED <input type="checkbox"/>
Signature	Date	DISAPPROVED/NOT RECOMMENDED <input type="checkbox"/>
If disapproved or not recommended, state reason below.		

CHIEF OF EMS COMMAND'S OR DESIGNEE'S ENDORSEMENT

Name	Title	APPROVED <input type="checkbox"/>
Signature	Date	DISAPPROVED <input type="checkbox"/>
If disapproved, state reason below.		

Reason Not Recommended or Disapproved:

• DO NOT WRITE BELOW - OFFICE USE ONLY •

Approved: Yes No _____ Name _____ Date: _____ Order No.: _____