



New York State Unified Court System

Voluntary Reassignment Request

New York City Court Clerks – For 2020

Name: _____ Employee ID (from Kronos): _____

Phone: _____ Email: _____

Current Title: _____

This form may be used by employees represented by the NYS Court Clerks Association requesting reassignment to courts within New York City for calendar year 2020. All requests must be filed between December 1, 2019 and December 31, 2019. To be eligible for reassignment, employees **must** have Permanent status and at least one year of service in their current title and court assignment when the request is submitted and be reachable on the appropriate eligible list if applicable. Do not use this form to request movement within a court or agency under the same administrative authority or to request reassignment to courts outside New York City.

Check only the courts to which you are willing to accept appointment. Choose no more than three (3) courts.

NEW YORK CITY COURT CLERKS		
<u>SUPREME COURTS</u>	<u>CITYWIDE COURTS</u>	<u>COUNTY CLERKS</u>
<input type="checkbox"/> BRONX CIVIL	<input type="checkbox"/> CIVIL COURT	<input type="checkbox"/> BRONX
<input type="checkbox"/> BRONX CRIMINAL	<input type="checkbox"/> CRIMINAL COURT	<input type="checkbox"/> KINGS
<input type="checkbox"/> KINGS CIVIL	<input type="checkbox"/> FAMILY COURT	<input type="checkbox"/> NEW YORK
<input type="checkbox"/> KINGS CRIMINAL		<input type="checkbox"/> QUEENS
<input type="checkbox"/> NEW YORK CIVIL		<input type="checkbox"/> RICHMOND
<input type="checkbox"/> NEW YORK CRIMINAL		
<input type="checkbox"/> QUEENS CIVIL		
<input type="checkbox"/> QUEENS CRIMINAL		
<input type="checkbox"/> RICHMOND CIVIL/CRIMINAL		

NEW YORK CITY SURROGATES COURT CLERKS				
<input type="checkbox"/> BRONX	<input type="checkbox"/> KINGS	<input type="checkbox"/> NEW YORK	<input type="checkbox"/> QUEENS	<input type="checkbox"/> RICHMOND

I would like to be considered for part-time or job-share in the location preference(s) selected above.

Signature: _____

Date: _____

Return completed form:

via email: reassignments@nycourts.gov

via fax: 646-963-6619 or 646-963-6669

FOR OCA OFFICE USE ONLY:

Seniority Date in Title: _____