

Ohio Department of Medicaid
ORGANIZATIONAL CHANGE REQUEST

Instructions: Complete this form to request transfers or reorganizations. Provide detailed information and required approvals to facilitate review and processing. Submit completed requests to Human Resources/Recruitment Section.

Note: The Office of Fiscal & Monitoring Services (FMS) will be notified of any changes that impact the Cost Allocation Plan (CAP) and changes affecting Bargaining Unit positions will be discussed with Labor Relations (LR). In these situations, FMS and/or LR approval will be obtained before requests are completed.

Contact Person		Contact Phone
Office	Bureau	Check if completed <input type="checkbox"/> Discussed with Labor Relations (BU) <input type="checkbox"/> CAP issues considered

Transfer Person/Position:

Move to a different Office OR Move within the Office (e.g. Supervisor Change, Same Classification)

Complete the following for individual or multiple transfers to the same location. Explain other scenarios in the comments or as attached documentation. Attach a list of proposed duties to position change requests.

Employee Name	Position Number	Proposed Room/Cubicle Number
1.		
2.		
3.		
4.		
5.		

Input below the proposed location information for the transfer(s).

Department ID JFS	Office
Supervisor's Name	Bureau
Supervisor's Position Number	Section
Work Address	Unit

Reorganization: (e.g. Structure change or group): Request an ES planning meeting before completing a Reorganization Request. Reorganizations should be carefully considered in the workforce planning process. Attach a Proposed Table of Organization and provide general details including vacancy reallocations in the comments.

Transfer Section/Unit OR Create New Section/Unit

Comments/Justification:

Signatures: Provide signatures *applicable* to the transaction and indicate Releasing and/or Receiving. If the involved Deputy and Assistant Directors differ for the Releasing/Receiving action, provide applicable signature in lieu of Bureau Chief signatures.

Bureau Chief <input type="checkbox"/> Releasing <input type="checkbox"/> Receiving	Date
Bureau Chief <input type="checkbox"/> Releasing <input type="checkbox"/> Receiving	Date
Deputy Director <input type="checkbox"/> Releasing <input type="checkbox"/> Receiving	Date
Assistant Director <input type="checkbox"/> Releasing <input type="checkbox"/> Receiving	Date