

CENTRAL STATE HOSPITAL
POLICY

SUBJECT: **TEMPORARY REASSIGNMENT OF STAFF OUTSIDE OF
CURRENT JOB**

ANNUAL REVIEW MONTH: June

RESPONSIBLE FOR REVIEW: Chief Nurse Executive

LAST REVIEW DATE: June 2008

I. PURPOSE

The purpose of these guidelines is to define the parameters in which staff may apply for and be granted permission to work outside of their current job. Specifically this applies to other assignments for which the employee is educated and is licensed/certified to perform.

II. PROCEDURE

Requests to perform duties outside of current job must be approved by the appropriate manager/supervisor to insure appropriate staff utilization, as well as funding to pay the staff member based upon FLSA regulations, if applicable.

There should also be a clinical review by the discipline leader to insure the employee is licensed/credentialed to perform the requested duties. This review should include a review of the individual's license, orientation, training and competency, CPR status, etc. An evaluation of the employee's competency must be conducted annually in accordance with the standards of practice of the specific clinical discipline.

Work location should be specified in the request and approved by both the clinical and administrative supervisors. This should include any restrictions in work location where conflicts of interest or ethical issues may exist.

The DDO, discipline leader and Human Resource Director must approve the request prior to the temporary reassignment occurring.

Approved:

This policy has been approved by the CEO and CMO on 9/8/08.

Attachment:

Attachment I - Requests for Temporary Reassignment of Staff Outside of Current Job

Requests for Temporary Reassignment of Staff Outside of Current Job

I, _____ request a temporary reassignment outside of my current job of
Employee Name
_____ due to _____
Current Job Reason for request

The job I am requesting a reassignment to is _____
Job for Which Requesting Reassignment

This request is for the following work location: _____
Specify Work Location

Employee Signature: _____ Date: _____

Manager/Supervisor Review:

This request has been reviewed to insure appropriate utilization of this staff member, as well as the availability of funding to include FLSA regulations.

The following are restrictions in work location such as conflicts of interest or ethical issues:

Specify any restrictions associated with request

Approved: Yes No Signature: _____ Date: _____

Note: The Discipline Leader, DDO, and Human Resources Director must approve the request prior to the temporary reassignment

Clinical Review (Discipline Leader):

This request has been reviewed to ensure that the employee can perform the requested duties. Specifically I have reviewed of the employee's license, orientation, training, and competency (to include CPR training, if appropriate, etc.).

The following are restrictions in work location such as conflicts of interest or ethical issues:

Specify any restrictions associated with request

Approved: Yes No Signature: _____ Date: _____

DDO Approval:

Approved: Yes No Signature: _____ Date: _____

Human Resources Director Approval:

Approved: Yes No Signature: _____ Date: _____

If approved: Date Reassignment Effective: _____ Job: _____
Work Location: _____ Date Temporary Reassignment Ended: _____