



New York State Unified Court System

Voluntary Reassignment Request

All Competitive Class Titles
(Except Court Security Series & NYC Court Clerk Series)

Name: Employee ID (from Kronos):

Phone: Email:

Current Title:

Please check only the districts or courts to which you are willing to accept appointment.

Form with checkboxes for 3rd-10th Judicial Districts, Court of Claims, and New York City courts (Supreme, Surrogates, County Clerks, Citywide, Appellate Division).

Signature:

Date:

Return completed form:
via email: reassignments@nycourts.gov
via fax: 646-963-6619 or 646-963-6669
via mail: Office of Court Administration
Appointment & Systems Management
25 Beaver Street, Room 1058
New York, NY 10004