Registered Nurse Reassignment Form Instructions

* Applications may be submitted on any PC/laptop/mobile device with stable internet connection. *

Step 1: Visit https://dphhumanresources.org/rn-reassignment-program/ and click on the link “Registered Nurse Reassignment Form”

Step 2: Fill out the survey and complete each section:

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**REGISTERED NURSE REASSIGNMENT FORM**

Instructions:
1. Please complete this form in its entirety.
2. Your DSW number is located on the back of your DSW badge.

* Required

1. Today’s Date *

Please input date in format of M/d/yyyy

Next

Never give out your password. Report abuse
Step 3: Submit form:

REGISTERED NURSE REASSIGNMENT FORM

* Required

39. I am submitting this form electronically. I am certifying that I have read, understand, and agree to the terms and conditions outlined in this form. 

You may contact each respective HR office at the following numbers:
ZSFQ: 415-206-5528
Central Office & Community Health: 415-554-2587
LHMP: 415-759-3388

I agree

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Never give out your password. Report abuse

Step 4: Screenshot submission end page as confirmation your response was submitted:

REGISTERED NURSE REASSIGNMENT FORM

Thanks!

Thank you for submitting your RN reassignment application; your application (if valid) will be eligible for 12 months.

Please screenshot this page as confirmation that your application was successfully submitted via Microsoft Forms.
If you have any questions or would like to make any changes to your application, please call any of the following front desk numbers and ask for the assigned HR Analyst at your location:
Zuckerberg SF General: 415-206-5528
Central Office & Community Health: 415-554-2587
Laguna Honda Hospital: 415-759-3388

- DPH-HR Operations Team