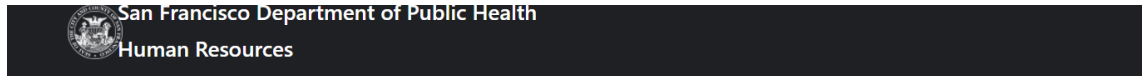


## Registered Nurse Reassignment Form Instructions

**\* 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"



### RN Reassignment Program

The Reassignment Program at the Department of Public Health was created to gauge the response of current PCS 2320 RN Registered Nurses with regards to reassigning to a different unit.

Current Vacancies:

- [Central Office and Community Health](#)
- [Laguna Honda Hospital](#)
- [Zuckerberg San Francisco General Hospital](#)

Process Description: [Reassignment Process](#)

If you are interested in applying and you meet the MQ's in the specialty area, please fill out the RN Reassignment Form here:

[Registered Nurse Reassignment Form](#)

[Reassignment Process Letter](#)

You will need to have your resume and qualification statements ready to include as part of the application. Pending submission of your application, a confirmation email will be sent to

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

A screenshot of the "REGISTERED NURSE REASSIGNMENT FORM" instructions page. The page has a teal header with the title in white. Below the header, there are instructions: "1. Please complete this form in it's entirety." and "2. Your DSW number is located on the back of your DSW badge." A red asterisk indicates a required field. The first question is "1. Today's Date \*". Below the question is a text input field with the placeholder "Please input date in format of M/d/yyyy" and a calendar icon. At the bottom left is a teal "Next" button. At the bottom right is a progress indicator showing "Page 1 of 7" with a teal bar. At the very bottom, there is a footer: "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:*  
ZSFG: 415-206-5528  
Central Office & Community Health: 415-554-2587  
LHH: 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