



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-034300 Transfers	Issued: 5/8/89 Effective: 5/8/89	Reviewed: 09/12/23 Revised: 2/24/15
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-010100*

REFERENCES:

State Personnel Board Rules 1.7.5.12.and 1.7.1.7 KK NMAC.

PURPOSE:

To establish guidelines for the transfer of employees.

APPLICABILITY:

New Mexico Corrections Department classified employees.

FORMS:

- A. **Custody Transfer Request** form (*CD-034301.1*)
- B. **Willingness to Accept a Change of Geographic Location** form (*CD-034301.2*)

ATTACHMENTS:

- A. **Transfer Request Log** Attachment (CD-034301.A)

DEFINITIONS:

- A. *Appointing/Hiring Authority*: The level of authority within the Corrections Department that can authorize hire.
- B. *Custody Position*: Any position with a working title of: Cadet Correctional Officer, Correctional Officers Sergeant, Lieutenant, Captain, and Major.
- C. *Employee*: Any person holding a classified position.
- D. *Intra-Agency Transfer*: The movement of an employee in career, probationary, or term status from one position to another in the same Technical Occupational Group (TOG) or

Management category or a TOG or Management category with the same pay rate within the same agency without a break in service.

- E. Non-Custody Position: All other working titles that do not fall under the definition of custody position.
- F. Position: Any State office, job or position of employment.
- G. Transfer: The movement of an employee from one classified position to another classified position in the same pay band or pay opportunity without a break in employment.

POLICY:

- A. A voluntary transfer of employees from one budget activity to another is an acceptable practice, when it is in the best interest of the Department.
- B. Involuntary transfers of employees may be necessary for programmatic or budgetary reasons.
- C. Due to the substantial training investment incurred on custody personnel, employees in custody positions will not be eligible for transfer or promotion outside of the custody series for one year from date of hire.
- D. Eligible employees accepted for voluntary transfer must give at least two weeks' notice unless otherwise approved by the appointing authority.
- E. Exceptions to the above may be approved by the Secretary.



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AUTHORITY:

Policy *CD-034300*

PROCEDURES:

A. Custody Positions:

1. Custody employees who wish to be considered for transfer to another institution shall complete the **Custody Transfer Request** Attachment (*CD-034301.A*).
2. Upon completion, the employee shall hand carry the transfer request to their institution Human Resources Administrator.
3. The institution Human Resource Administrator receiving a transfer request will:
 - a. Forward the transfer request to their appointing authority for approval or disapproval.
 - b. If the transfer request is:
 - 1) Approved: The Human Resource Administrator shall inform the employee in writing that they have been approved for transfer and will keep a file on all requests for a maximum of one year. If there are no vacant positions available at the time of the employee's request, they shall be placed on a transfer list. The date an individual is placed on the transfer list shall be the date the appointing authority at the receiving institution signs the transfer request. If more than one transfer request is signed on the same day, the individuals shall be placed on the list in alphabetical order.
 - 2) Disapproved: The Human Resource Administrator shall inform the employee in writing that their request for transfer has been disapproved, listing all valid reasons, or delayed until a specific date and will return the request for transfer.
 - c. Transfer requests that are disapproved must be forwarded to the Director of Adult Prisons for review prior to written notification to the employee. The disapproved request must include the reason for disapproval or delay.
 - d. Upon approval of both the sending and receiving wardens, the transfer request shall be forwarded to the Central Office Human Resource Bureau for review and final

approval by the Director of Adult Prisons.

- e. Institutions shall keep a log of the name and date of who has applied for transfer, and whether the request was approved or disapproved.
4. Transfer lists shall be maintained in the order in which officers apply and are approved for transfer by the institution Human Resource Administrator. If an employee is to be transferred, the receiving institution will contact the sending institution for information on the officer at the top of the list. Request to by-pass a name on the list must be approved by the Director of Adult Prisons.
5. The Human Resources Bureau at Central Office will notify the appointing authorities of the Director of Adult Prisons' decision by sending a copy of the transfer request to the facility human resource administrator originating the request. If the request is:
 - a. Approved: The Human Resources office will coordinate the transfer with the receiving institution and ensure that the effective date is the first day of a pay period.
 - b. Disapproved: The Human Resource Administrator will notify the employee in writing and the Human Resources Administrator that the request has been denied for valid reason(s) or delayed until a specific date.
6. When a transfer request has been disapproved, the officer may reapply for transfer after three months.
7. Institutions must exhaust transfer lists prior to filling positions with a working title of Correctional Officer Cadet and Correctional Officer 1. Exceptions may be approved by the Director of Adult Prisons.

B. Non-Custody Positions:

1. All employees who wish to be considered for an in-house voluntary transfer, when a position vacancy is announced, must meet the Job Related Qualification Standards and appear on an Employment List. Exceptions to this may be made by the Secretary of Corrections.
2. If the employee is selected, they must give a minimum of two weeks notice. The receiving and sending appointing authorities and the appropriate Director must approve less than two weeks notice of transfer.
3. The receiving Human Resources office will coordinate the transfer with the sending institution/division and will ensure that the effective date is the first day of a pay period.

C. Custody/Non-Custody Intra-Agency Transfers:

1. Employees whose condition of employment includes willingness to accept a change of geographic location and who are to be transferred will be given a minimum of two weeks notice of such transfer.

2. Employees whose condition of employment does not include willingness to accept a change of geographic location will not be transferred without their written consent unless as allowed by State Personnel Board Rules.
3. In the event that an employee's specific position number is transferred from one geographic location to another, the appointing authority will advise the employee, in writing, a minimum of 30 days prior that the employee's position is being transferred to a new geographic location. The employee's Human Resources office will advise the employee that failure to accept the transfer will result in the employee being laid-off and will have the employee complete the **Willingness to Accept a Change of Geographic Location** Attachment (*CD-034301.B*).
4. The employee's Human Resources Administrator, from the institution which the employee is being transferred, will coordinate the transfer with the receiving Human Resources Administrator and forward the documentation and records.

NEW MEXICO CORRECTIONS DEPARTMENT
Custody Transfer Request

Name: _____ SSN: _____

Current Working Title, TOG Code and Role: _____ CD Hire Date: _____

I hereby request a transfer from _____
(Institution)

as a _____ to _____.
(Working title, TOG Code and role) (Institution)

This request **does/does not** constitute a reduction. If this request is for a reduction, **I am/am not** willing to take a reduction in pay.

Signature

Date of Request

I _____ **Approve/Disapprove.**
Appointing Authority (Releasing)

Date

I _____ **Approve/Disapprove.**
Appointing Authority (Receiving)

Date

I _____ **Approve/Disapprove.**
Director of Adult Prisons

Date

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Willingness to Accept a Change of Geographic Location

As a Result of _____ Position having been transferred

Name: _____ Employee ID #: _____

Current Working Title, TOG Code and Role: _____ CD Hire Date: _____

Hourly Salary: \$ _____

Current Geographic Location: _____

New Geographic Location: _____

I **am willing** **am not willing** to accept a change of geographic location. I have been advised that the position that I currently occupy is being transferred to a new geographic location and failure to accept the transfer will result in lay-off.

Signature

Date

