

**Hardship Reassignment Program**  
**U. S. Department of Housing and Urban Development**  
**(For Federal Employees)**

**Privacy Act Statement**

**Authority:** The authority under which the system is maintained includes Chapter 5, of the CFR, Titled Promotion and Internal Placement and HUD's Hardship Reassignment Policy and Procedures Handbook (560.1).

**Principle Purpose:** The purpose of this system is to allow HUD to collect and maintain records on employees requesting or receiving a relocation due to a hardship. Another purpose of this system is to monitor, process, track and report the processing of hardship reassignments. Another purpose of this system is to monitor, process, track and report the processing of Hardship Reassignment requests while ensuring compliance with applicable laws and regulations, including confidentiality requirements protecting information individuals submit in support of Hardship Reassignment requests.

**Routine Uses:** Such records shall be disclosed only to a very limited number of officials within the agency, generally; they would be officials within the employees' leaders who have a necessity to process such requests, to include; management officials responsible to recommend and/or take action that would affect the approval and/or disapproval of the request. These records and information in these records may be used to disclose information to a Federal, State, or local agencies to the extent necessary to comply with laws governing the Hardship Reassignment Program. (Please see System of Record Notice (SORN) for complete list).

**Disclosure:** Voluntary, however; failure to submit requested information may result in disapproval of request.

**SORN ID: HUD/OCHCO-04 Hardship Reassignment Program**

<https://www.federalregister.gov/documents/2023/03/09/2023-04829/privacy-act-of-1974-system-of-records>

# HARDSHIP REASSIGNMENT APPLICATION AND AGREEMENT

## (PERMANENT RELOCATION)

A. Employee Information	
*Name:	*Program/Division/Branch:
*Title, Series, Grade:	
*Office Phone Number:	*Contact Phone Number:
*Official Duty Station (City & State):	
*Immediate Supervisor's Name:	
*Supervisor's Number:	

B. Current Location: (City & State)
*Street:
*City:

C. Requested Location: (City & State)
*Choice 1:
*Choice 2:
*Choice 3:

D. I WISH TO BE CONSIDERED FOR:	
*Reassignment (Same Grade): <input type="checkbox"/>	*Request Start Date: Click or tap to enter a date.
*Change-to-Lower Grade: <input type="checkbox"/>	*Request Start Date: Click or tap to enter a date.

Intentionally, Left Blank

**E. Documentation Attached**

Written statement describing need to permanently relocate to another geographical area.

Documentation:


**F. Employee Certification:**

I certify all information on this application and attached documentation is true and correct. I agree to abide by all of the requirements of the Hardship Reassignment Procedures as well as the requirements set forth in this document. Further, I understand that a Hardship Reassignment is not an entitlement.

I also understand that if I accept a voluntary downgrade there is no obligation of re-promotion upon relocation. Additionally, I understand that all expenses involved in this voluntary action are my responsibility unless specified differently in a vacancy announcement.

Employee Signature: \_\_\_\_\_

**G. Approving Official:**

I certify I have reviewed this request and all supporting documentation, and my decision is based solely on the information provided and in accordance with the Hardship Reassignment Policy.

Approved:

Disapproved:

Approving Official Signature: \_\_\_\_\_

Reason if disapproved: Use a separate sheet of paper if more spaces is needed.


Documentation:

--

**H. DEPARTMENTAL HARDSHIP COORDINATOR:**

I certify that I have reviewed this application in it's entirety and all section are completed, properly signed, and all required forms are attached.

**APPROVAL NOTIFICAITON LETTER ISSUED: Yes:  or No:**

Signature: \_\_\_\_\_

**I. DEPARTMENTAL HARDSHIP COORDINATOR:**

EXPIRATION DATE: Click or tap to enter a date.

Choose a Disposition.