



# **Training Bulletin**

## **SANTA BARBARA POLICE DEPARTMENT**



**Bernard Melekian, Chief of Police**

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## **Personnel Re-Deployment Tiered Response**

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The Department's Personnel Re-Deployment Tiered Response plan has been created for the temporary re-deployment and tracking of personnel within the department. This was created based on a specific need to bolster certain areas of the Department due to unforeseen occurrences which have strained the current resources of the affected division or specialty. For example, things such as a homicide or dramatic increase in gang activity could require the temporary re-assignment of personnel to that area to help address the occurrence.

Many employees at this department have training and experience gained from their current or previous specialty positions. That training and experience is tailored made to more easily re-adjust to assist within a previous specialty position such as Detectives when more personnel are needed. Employees can be re-deployed under these special circumstances to support the details ability to accomplish the goal, whether that be to investigate a homicide or address gang issues. This plan is intended to be used as a guide for personnel re-deployment and does not replace the current MOU regarding specialty testing and reassignment.

This is also not intended to supplement staffing in any department location due to vacations, sick calls, IOD or permanent reassignment of personnel to new positions. This is intended only to temporarily strengthen the number of trained personnel of a specialty or detail to improve upon the swiftness of the action taken or the response needed.

### **Goals and Objectives:**

The goal of this training is to provide a description and process of how to re-assign personnel temporarily. This bulletin is intended to help increase the tracking and efficiency of how we reallocate resources when engaged in these large-scale incidents which can overwhelm the current level of personnel allocated to handle them. Due to the varying nature of these unforeseen incidents and the understanding that department resources can be limited at times, it has been determined that a standardized process for this would increase the department's efficiency in making such transitions. It was also determined that having a standardized way to track these reassignments such as a check the box memorandum form would aid the employee, supervisor and manager to know the reassignment's length, expectations and job functions. It will also support each employee's yearly evaluation process because it will easily document the assistance provided by the employee while reassigned, and it is the intention that any re-deployment document be kept in the employees watch file for the current rating period and will be included in the annual evaluation.

The following information listed is intended to provide the process for the re-deployment and the template for proper documentation.

### **Deployment Reassignment Process:**

1. Lieutenant or Supervisor of detail or division with temporary need assess detail or division staffing and the circumstance that requires possible personnel redeployment (homicide, uptick in gang activity, homeless encampment problem, etc....)
2. Lieutenant or Supervisor of detail with temporary need check list for current or trained personnel who are available and can readily be moved.
3. Lieutenant or Supervisor with temporary need contact Lieutenant of chosen employee(s) to get approval as well as work through staffing adjustments for redeployment.
4. Once redeployment is approved by Lieutenant(s), work with Sergeant of chosen employee(s) to arrange the temporary transfer. Give clear direction to Sergeants and employee(s) about what the re-deployment need is and what duties the employee(s) will be completing during re-deployment. This direction should include a start date for re-deployment as well as a probable end date if the end date is determinable at the time. An approximate of the end date can be included and then adjusted once the re-deployment has concluded. The proper adjustments to the employee(s) schedule in Telestaff will also be done to reflect new hours, days and pre-planned time off if applicable.
5. The redeployment details will be recorded in the provided memorandum to the Captain or Chief via the chain of command. Place the completed and signed memorandum in the employees Guardian tracking file to be included in the employee's annual evaluation. (Memorandum Template Attached)
6. Once redeployment has concluded, ensure employee is transitioned back to their previous respective position and that all scheduling has been adjusted.
7. Complete watch file note in Guardian Tracking indicating the final re-deployment conclusion date as well as any additional comments or information to document about their re-deployment time.

\*\*\*\* Make considerations for SWAT and CNRT members who may not be able to devote time to the re-deployment detail due to their SWAT/CNRT commitment \*\*\*\*

### **Attached:**

Supplemental Re-Deployment Plan Memorandum (see next page). Word document also available in department shared drive.



City of Santa Barbara  
Police Department

**Memorandum**

**DATE:**

**TO:** Type Recipient Name Here

**FROM:** Type Name Here

**SUBJECT:** Temporary Personnel Redeployment Plan

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Synopsis: ***[Include brief overview of details/circumstances requiring redeployment]***

Employees redeployed: ***[Include Name, current assignment and current Supervisor]***

Employees new temporary assignment description:

Date when temporary redeployment starts:

End date determined: Yes  No  List end date if available (N/A if undetermined):

Describe employee's intended duties and actions:

Lieutenant or Sergeant completing the redeployment plan:

Lieutenant or Sergeant contacted to approve redeployment:

Does the redeployment plan include rescheduling of planned vacation or time off already in place for the employee(s): Yes  No  ***(If yes, provide details on the accommodations made for employee(s) time off adjustments)***

Additional Comments:

**Approval Signatures:**

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Manager: \_\_\_\_\_ Date \_\_\_\_\_