

LATERAL TRANSFER REQUEST

NAME: _____ WIN. # _____

HOME ADDRESS: _____
(including Postal Code)

TELEPHONE: (H) () _____ (B) () _____ (Cell) () _____

PERSONAL E-MAIL ADDRESS: _____

MINISTRY: _____ CONTINUOUS SERVICE DATE _____
(mm/dd/yy)

FULL-TIME PART-TIME BILINGUAL
YES NO

MUST BE CLASSIFIED STAFF

DETAILS OF HOME POSITION	DETAILS OF REQUESTED POSITION
POSITION TITLE:	POSITION TITLE:
CLASSIFICATION TITLE:	CLASSIFICATION TITLE:
BRANCH/FACILITY:	BRANCH/FACILITY:
LOCATION:	LOCATION MUST BE LISTED IN ORDER OF PRIORITY:
TELEPHONE:	TELEPHONE:
OPSEU LOCAL #:	OPSEU LOCAL #:

REASON FOR REQUEST:

Pursuant to section 41 (a) of the Freedom of Information and Protection Act, I _____,
Hereby consent to the use of information about me for the purpose of consideration for a lateral transfer.

DATE

EMPLOYEE SIGNATURE

ROUTING:

	DATE RECEIVED	DATE FORWARDED
1. Ministry Designee 2. OPSEU Job Security Unit 3. Ministry Designee		

1. Forward request to Ministry Official (request will be held for one year). Copy OPSEU Job Security Unit at (416) 448-7462.
2. When a vacancy matching the request position arises, Employer forwards request to Union.
3. Union makes decision, and advises Employer.
4. Employer makes decision and advises Union and employee.

APPROVALS

OPSEU Job Security Unit Head Office

MINISTRY

Signature: _____

Name & Position: _____
PLEASE PRINT

DATE: _____

HR OFFICE USE

Surplus Clearance #:

Date Cleared:

Date of Transfer: