



# Classified Request For Transfer/Location Change Form

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Current Position Information

Title: \_\_\_\_\_ Number of hours per day: \_\_\_\_\_

Number of months per year: \_\_\_\_\_ Number of days per year: \_\_\_\_\_

Division: \_\_\_\_\_ Unit/Department: \_\_\_\_\_

Location: \_\_\_\_\_

### Transfer/Location Change Request Information

Title: \_\_\_\_\_ Number of hours per day: \_\_\_\_\_

Number of months per year: \_\_\_\_\_ Number of days per year: \_\_\_\_\_

Division: \_\_\_\_\_ Unit/Department: \_\_\_\_\_

Location: \_\_\_\_\_

By Submitting this form, I understand the following: 1. Transfer is a reassignment to the same position classification, which includes a change of site. Relocation from one location at the same site will not be considered a transfer. If a bargaining unit member would like to request a relocation from one location at the same site, they may also use this form to request the change in location. 2. Transfer/location requests shall be submitted to Personnel Services prior to opportunities becoming available. 3. Request is submitted by Bargaining unit member to the classified administrator in Personnel Services and the bargaining unit member is to provide a copy to the Association president. 4. Voluntary transfer/location change requests shall be granted subject to mutual agreement of the affected division heads. 5. Transfer/location change requests shall remain active until June 30th each year, and may be renewed upon submission of a new Classified Request for Transfer/Location Change form. 6. Provisions in the current RCSS/CSEA Collective Bargaining Unit Agreement regarding transfers will apply.

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

| Employer Use Only                                     |  |
|---|--|
| <b>Vacant Position Details</b>                        |  |
| Title: _____  | PCN: _____                             |
| FTE: _____  | Months: _____ Days: _____              |
| PAR number: _____                                     |  |
| Transfer/location request submitted to: _____         | Date: _____                            |
| Action Taken: <input type="checkbox"/> Granted: _____ | <input type="checkbox"/> Denied: _____ |
| Personnel Services Administrator/Designee: _____      | Date: _____                            |
| Effective Date: _____                                 |  |