

## OPSEU LATERAL TRANSFER REQUEST FORM – Instructional Guide

*If an employee wishes assistance in completing this form, they may contact the Employee Mobility Coordinator in their Region.*

**MUST BE REGULAR/CLASSIFIED STAFF**

**NAME:** *Print full employee name* **WIN.#:** *WIN # as confirmed in WIN*

**HOME ADDRESS:** *Employee's full address including postal code*

**TELEPHONE:** (H) *Required* (B) *Required* (Cell) *Optional*

**E-MAIL ADDRESS:** *Employees personal or business email address*

**MINISTRY:** *Ministry of employees' home position* **CONTINUOUS SERVICE DATE:** *Employee's Continuous Service Date as shown in WIN.*  
(mm/dd/yy)

**FULL-TIME**     **PART-TIME**     **BILINGUAL**  **YES**     **NO**  
**Flexible Part-Time (1500 Annual hrs)**     **Flexible Part-Time (1000 Annual hrs)**     *You are bilingual if you have completed the FLS evaluation.*

<b>DETAILS OF HOME POSITION</b> <i>Details associated with <b>employee's home position</b> (NO ACTING ASSIGNMENTS) for all items indicated in the position details</i>		<b>DETAILS OF REQUESTED POSITION</b> <i>Details associated with <b>the requested position location</b> for the items listed in the position details column</i>	
<i>All information required below can be obtained through the employee suite in WIN*.</i>			
<b>POSITION TITLE:</b>	<i>Required</i>	<b>POSITION TITLE:</b>	<i>Required</i>
<b>CLASSIFICATION TITLE &amp; JOB CODE:</b> EG: Executive Officer 1, 03521	<i>Required</i>	<b>CLASSIFICATION TITLE &amp; JOB CODE:</b> EG: Executive Officer 1, 03521	<i>Required</i>
<b>BRANCH/FACILITY:</b>	<i>Required</i>	<b>BRANCH/FACILITY:</b>	<i>Include if known</i>
<b>WORK LOCATION:</b>	<i>Required</i>	<b>WORK LOCATION (specific address if available):</b> If listing more than one location, please list in order of preference	<i>Required</i>
<b>TELEPHONE:</b>	<i>Required</i>	<b>TELEPHONE:</b>	<i>Include if known</i>
<b>OPSEU LOCAL #:</b>	<i>Include if known</i>	<b>OPSEU LOCAL #:</b>	<i>Include if known</i>

**REASON FOR REQUEST:** *Employee to fill in as much information about the reason for the request to facilitate decision making. Reasons could include, ageing parents who require assistance, children who need special treatment, facilities not found in the employee's home location, employee's spouse transferred to another location. This is not an exhaustive list but are examples. If necessary, a separate page can be added.*

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

*Required. You must include the date of your application.*

*If emailed, please indicate "electronically signed by" and type your name. If by fax or regular mail, you must provide a signature.*

**DATE**

**EMPLOYEE SIGNATURE**

**EMPLOYEE NAME:** \_\_\_\_\_

**WIN.#:** \_\_\_\_\_

*(Employees do not need to complete information on this page, except for their name and WIN number; however this page should be included in your submission. This page is for office use only.)*

1. Forward your completed request to your home work location Regional Recruitment Centre (RRC). See below, request will be held for one year.
  - Central RRC      E-mail, [CareersCentral@ontario.ca](mailto:CareersCentral@ontario.ca)      Fax: 905-433-0642
  - Eastern RRC      E-mail, [CareersEast@ontario.ca](mailto:CareersEast@ontario.ca)      Fax: 613-548-0106
  - Northern RRC      E-mail, [CareersNorth@ontario.ca](mailto:CareersNorth@ontario.ca)      Fax: 705-564-9165
  - Toronto RRC      E-mail, [CareersToronto@ontario.ca](mailto:CareersToronto@ontario.ca)      Fax: 416-327-8993
  - Western RRC      E-mail, [CareersWest@ontario.ca](mailto:CareersWest@ontario.ca)      Fax: 519-439-7785
  
2. Copy OPSEU Job Security Unit by email to [disclosure@opseusupport.com](mailto:disclosure@opseusupport.com) or by fax to (416) 448-7462.
  
3. When a vacancy matching the requested position arises, the Employee Mobility Coordinator will forward the request to the Hiring Manager. Upon approval, the Employee Mobility Coordinator will forward the request to the OPSEU Job Security Officer for review and approval.

**ROUTING:** (for internal use only)

	DATE RECEIVED	DATE FORWARDED
1. Employee Mobility Coordinator		
2. Hiring Manager		
3. OPSEU Job Security Unit		

**APPROVALS**

OPSEU Job Security Unit Head Office

MINISTRY (Hiring Manager)

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

\_\_\_\_\_

Name & Position: \_\_\_\_\_

\_\_\_\_\_

PLEASE PRINT

PLEASE PRINT

DATE: \_\_\_\_\_

\_\_\_\_\_

**Employee Mobility Coordinator use only:**

Surplus Clearance #:

Date Cleared:

Date of Transfer: