

OPSEU LATERAL TRANSFER REQUEST FORM – Instructional Guide

If an employee wishes assistance in completing this form, please contact the Employment Mobility Coordination Unit at EmploymentMobilityUnit@ontario.ca.

YOUR INFORMATION:	
Name: <u>Print full employee name</u>	W.I.N. #: <u>WIN # as confirmed in WIN</u>
Home Telephone: _____ () Required Business _____ Required	
Workplace Email: <u>Required</u>	Other Email: <u>Optional</u>
FLS Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Continuous Service Date: <u>Employee's Continuous Service Date as Shown in WIN.</u> (yy/mm/dd) as indicated in WIN

DETAILS OF YOUR HOME LOCATION
*Details associated with employees' home locations (NO ACTING ASSIGNMENTS).
All information required below can be obtained through the employee suite in WIN*.*

Ministry: <u>Required</u>	Branch/Facility: <u>Include if known</u>
Position Title: <u>Required</u>	
Classification Title & Job Code: <u>Required</u> <i>as per Job Record Information in WIN - examples Office Administration 8, 08 OAD or Executive Officer 1 – 0351</i>	
Full Time/Part-Time: Full Time: <input type="checkbox"/>	Part-time <input type="checkbox"/> Flexible Part-Time (Annual hrs): <input type="checkbox"/>
Flexible Part-Time (1000 Annual hrs): <input type="checkbox"/>	
Home Position Mailing Address: <u>Required</u>	

DETAILS OF YOUR REQUESTED LOCATION(S):
Employee is to include exact work location address for each request below

Location # 1:	OPSEU Local #	Street #	Street Name	Town / City
Location # 2:	OPSEU Local #	Street #	Street Name	Town / City
Location # 3:	OPSEU Local #	Street #	Street Name	Town / City
Location # 4:	OPSEU Local #	Street #	Street Name	Town / City
Location # 5:	OPSEU Local #	Street #	Street Name	Town / City

*Note: Locations should be listed in order of preference, and will be treated as such.
Laterals will be offered as available in order of stated preference*

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.

You must include the date of your application. Requests forwarded from your e-mail account do not require an affixed signature.

Date _____ Employee Signature _____

REASON FOR REQUEST

PLEASE EXPLAIN THE REASON FOR YOUR REQUEST

EXAMPLE ONLY

HOW TO SUBMIT YOUR REQUEST

Forward your completed request form to the Employment Mobility Coordination Unit:

- E-mail: EmploymentMobilityUnit@ontario.ca
- or Fax: 1-855-863-4831

PLEASE USE

AND

Forward your completed request form to the OPSEU Job Security Unit

- Email: disclosure@opseusupport.com
- or Fax: (416) 448-7462

NOTE: Please do not forward to your manager or the managers of your preferred locations.

REQUEST

LATERAL TRANSFER PROCESS

1. You will receive a letter from the Employment Mobility Coordination Unit and OPSEU acknowledging the receipt and registration of your request, which will be held on file for a period of one (1) year. Your Lateral Transfer Request is valid for a period of (1) year, and it is your option and responsibility to re-submit your forms on or before the expiration date. You must be considered for any possible vacancy that may become available.
2. When a hiring manager intends to fill their vacancy via the lateral transfer process, and the vacancy matches your request, the Employment Mobility Coordinator will forward the file to the Manager and OPSEU Job Security Officer for review and approval as outlined on the Employee Fact Sheet found on MYOPS > HROntario Services> Employment: Employment Transition.
3. If approved by the Employer and OPSEU, you may be provided with an offer to lateral transfer into the vacancy.

FORM

Amended December 6, 2013