



LATERAL TRANSFER REQUEST FORM
(PLEASE PRINT CLEARLY)

**REGULAR/CLASSIFIED PROBATION OFFICERS AND PROBATION & PAROLE
OFFICERS ONLY**

EMPLOYEE NAME: _____ **WIN #:** _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

CONTACT #: _____ **CONTINUOUS SERVICE DATE:** _____

REGULAR FULL-TIME

REGULAR PART-TIME

DESIGNATED BILINGUAL

ADULT TRAINED

YOUTH TRAINED

ADULT AND YOUTH TRAINED

DETAILS OF HOME POSITION	DETAILS OF REQUESTED POSITION
MINISTRY:	MINISTRY:
POSITION TITLE:	POSITION TITLE:
CLASSIFICATION:	CLASSIFICATION:
OFFICE NAME:	OFFICE(S) NAME: (offices are to be listed in order of preference, and will be treated as such)
OPSEU LOCAL #:	OPSEU LOCAL #:

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

EMPLOYEE SIGNATURE

DATE

INSTRUCTIONS:

- Forward completed form to Transition Unit, 150 Dufferin Avenue, Suite 704, London, ON N6A 5N6 OR Fax to 519-661-6182.
- Forward copy of completed form to the OPSEU Job Security Unit, 100 Lesmill Road, North York, Ontario, M3B 3P8 or Fax to (416) 448-7462.