

LATERAL TRANSFER REQUEST FORM**(PLEASE PRINT CLEARLY)****REGULAR (CLASSIFIED) YOUTH FACILITY SERVICES STAFF ONLY**

EMPLOYEE NAME: _____ WIN #: _____

EMAIL ADDRESS(ES): _____

CONTINUOUS SERVICE DATE (as indicated in WIN): _____

CONTACT #: _____ OTHER CONTACT #: _____

 REGULAR FULL-TIME REGULAR PART-TIME DESIGNATED BILINGUAL

DETAILS OF HOME POSITION	DETAILS OF REQUESTED POSITION
POSITION:	POSITION:
CLASSIFICATION:	CLASSIFICATION:
YOUTH FACILITY:	YOUTH FACILITY: (To be listed in order of preference and will be treated as such. If more space is required please attached a separate page)

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 Employee Transition Unit, fax #519-661-6182 or to Karen.Earhart@ontario.ca.

Forward copy of completed form to the OPSEU Job Security Unit, fax #416-448-7462 or to

OPSLateralTransfers@opseu.org.