

The AFSCME Agreement, paragraph 138, provides the following procedures concerning position and shift changes within a department:

*An employee who wishes to change from one position to another position or from one shift to another shift within his or her own classification and department, shall fill out a "Request for Transfer" form supplied by the university, identifying either a specific position or the location and/or days off and the range of starting times and file it with the department at a place designated by the department. The employee and the Union office will receive a copy of the completed "Request for Transfer" form.*

*This form may be submitted in December, for consideration the following calendar year, to request a change of position or starting time within your present classification in your department.*

**DO NOT USE for promotion or posted jobs.** If you wish to bid on a regular job opening in your posting area or another posting area, you must submit your bid electronically on the university employment website.

Last Name:		First Name:		Middle Name:
UMID:		Department:		
Present Classification Title and Pay Grade:		Supervisor:		
Present Work Days:		Present Working Hours:		
Present Hours Per Week:				

**REQUEST FOR POSITION OR STARTING TIME CHANGE WITHIN YOUR CLASSIFICATION AND DEPARTMENT.**

Range of Starting Times:	Requested Work Days: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Requested Working Hours: <input type="checkbox"/> 40 <input type="checkbox"/> 20 <input type="checkbox"/> Other _____
Requested In Which Location:		Name of Employee Now Working in Position Requested (if known):
Seniority Date:	Currently: <input type="checkbox"/> 12-Month <input type="checkbox"/> Seasonal	Would you consider a Seasonal position? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEE SIGNATURE:		Date Signed:

FOR DEPARTMENT USE ONLY:

SUPERVISOR/DEPARTMENT SIGNATURE:

DATE RECEIVED: