

The AFSCME Agreement, Article 20, Section B, paragraph 20-4, provides the following procedures concerning position and shift changes within a department:

**An employee** who wishes to change from one position to another, or from one shift to another, within their classification and department, shall **fill out a "Request for Transfer" form** supplied by the University identifying either a specific position, Unit of Distribution, 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 in the following calendar year, to request a change of position or starting time within your present classification in your department. The form is only valid for the following (one) calendar year.

**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 apply electronically on the university employment website: [careers.umich.edu](https://careers.umich.edu).

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.**

Shift Preference or Preferred Start Time: <input type="checkbox"/> Day shift <input type="checkbox"/> 4am-11:59am <input type="checkbox"/> Afternoon Shift <input type="checkbox"/> 12pm-7:59pm <input type="checkbox"/> Midnight Shift <input type="checkbox"/> 8pm-3:59am		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):		
Bargaining Unit 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: