

**OPSEU LATERAL TRANSFER REQUEST FORM**

- MUST BE REGULAR/CLASSIFIED STAFF -

**YOUR INFORMATION:**

Name: \_\_\_\_\_ W.I.N. #: \_\_\_\_\_  
Telephone: Home: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
Workplace Email address: \_\_\_\_\_@ontario.ca Other: \_\_\_\_\_  
FLS Certified:  Yes  No Continuous Service Date: \_\_\_\_\_  
(yy/mm/dd) as indicated in WIN

**DETAILS OF YOUR HOME POSITION:**

Ministry: \_\_\_\_\_ Branch/Facility: \_\_\_\_\_  
Position Title: \_\_\_\_\_ OPSEU Local # \_\_\_\_\_ (if known)  
(as per Job Record Information in WIN)  
Classification Title and Job Code: \_\_\_\_\_  
(as per Job Record Information in WIN - examples Office Administration 8, 08 OAD or Executive Officer 1 - 0351)  
Full Time/Part-Time: Full Time:  Part-Time:  Flexible Part-Time (1500 Annual hrs):  Flexible Part-Time (1000 Annual hrs):   
Full Mailing Address: \_\_\_\_\_

**DETAILS OF YOUR REQUESTED LOCATION(S):**  
Employee includes 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 are to be listed in order of preference, and will be treated as such.

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE SIGNATURE

Requests forwarded from your e-mail account do not require an affixed signature

REASON FOR YOUR REQUEST

HOW TO SUBMIT YOUR REQUEST
<ol style="list-style-type: none"><li>1. Forward your completed request form to the Employment Mobility Coordination Unit:<ul style="list-style-type: none"><li>• E-mail: <a href="mailto:EmploymentMobilityUnit@ontario.ca">EmploymentMobilityUnit@ontario.ca</a></li><li>• or Fax: (519) 439-7785</li></ul></li><li>2. Forward your completed request form to the OPSEU Job Security Unit<ul style="list-style-type: none"><li>• Email: <a href="mailto:disclosure@opseusupport.com">disclosure@opseusupport.com</a></li><li>• or Fax: (416) 448-7462</li></ul></li></ol> <p>NOTE: Please <b>do not</b> forward to your manager or the managers of your preferred locations.</p>

LATERAL TRANSFER PROCESS
<ol style="list-style-type: none"><li>1. You will receive a letter from the Employee Mobility 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 in order to be considered for any possible vacancy that may become available.</li><li>2. When a hiring manager intends to fill their vacancy via the lateral transfer process, <u>and</u> the vacancy matches your request, the Employee Mobility Coordinator will forward the file to the OPSEU Job Security Officer for review and approval.</li><li>3. If approved by the Employer and OPSEU, you will be provided with an offer to lateral transfer into the vacancy.</li></ol>