



LATERAL TRANSFER REQUEST FORM
(PLEASE PRINT CLEARLY)

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

EMPLOYEE NAME: _____ WIN #: _____

E-MAIL
ADDRESS(ES): _____

CONTINUOUS SERVICE DATE (as indicated in WIN): _____

CONTACT #: _____ OTHER CONTACT #: _____

- REGULAR FULL-TIME REGULAR PART-TIME DESIGNATED BILINGUAL
- ADULT TRAINED YOUTH TRAINED

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

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 the Transition Unit, Karen.Earhart@ontario.ca OR Fax #519-661-6182 **AND** to the OPSEU Job Security Unit at OPSLateralTransfers@opseu.org