

MINI-TRANSFER REQUEST FORM

SHIFT CHANGE

CHANGE IN LOCATION

To be completed by Employee (Please provide a positive response in all fields)

NAME: _____ TITLE: _____

UUID: _____ NCS: _____ DATE SUBMITTED: _____

CURRENT RC: _____ NEW RC: _____

PRESENT WORK LOCATION: _____

PRESENT SUPERVISOR: _____

REQUEST FOR CHANGE TO: (within consolidated headquarters) _____

REQUEST FOR SHIFT CHANGE: _____

(7:30 am- 4:00 pm, 10:00 am- 6:30 pm)

PROCEDURES FOR COMPLETING FORM

- ☞ An employee may have an unlimited number of requests on file at any time. Each request will remain active until either a job offer has been made or accepted/declined or one year has elapsed from the date the mini-transfer was placed in file, whichever occurs first.
- ☞ Prepare one form for each mini-transfer request.
- ☞ Present your mini-transfer request(s) to your Supervisor. Your request will be forwarded to your Director's office for retention after your Manager's approval.
- ☞ If you wish to cancel your request, ask your Supervisor to provide you with a copy of the original request. Complete the cancellation portion of the request and return it to your Supervisor. (Cancellations will remain on file for six (6) months).
- ☞ Copies of declinations will be kept on file for six (6) months. Originals will be returned to employee.

Mini-transfer request is in accordance with the provisions of Article 2, Section 2.04E, of the AT&T/CWA 2009 Contract.

Employee's Signature Date

Supervisor's Signature Date

Area Manager's Signature Date

Received in District Office Date

FOR CANCELLATION: *Please cancel this mini-transfer as of:* _____

Date: _____ Signature: _____