AFSCME REQUEST TO TRANSFER FORM

An employee desiring to transfer to another position in the same, equivalent, or lower-level classification shall submit a written request to the Office of Human Resources for the employee's seniority unit stating the reasons for the requested transfer. Prior to filling a vacancy, all written requests received for the position from employees within the same geographical/organizational limitation as the seniority unit, will be considered. If the Employer, in its sole discretion, agrees to such transfer, the employee shall be entitled to maintain appropriate seniority rights. Nothing in this section shall supersede the seniority rights of employees under this article (Article 29, Section 10).

Questions regarding a transfer request may be directed to the Office of Human Resources.
The completed form should be emailed to: human-resources@iup.edu.

Last Name:	First Name:	Personnel Number:
Current Classification:	Check below the classification(s) you are interested in ☐ **Same -** Classification currently assigned (same FTE) ☐ **Equivalent -** Classifications within the same pay grade & FTE currently assigned ☐ **Lower Level Demotion -** Classifications below current pay grade and/or FTE	
Provide a written request stating the reasons for the requested transfer:		
HUMAN RESOURCE USE ONLY		
Date request received:	Request will expire 1 year from the request date.	Transfer Complete Date:
Notes:		Transfer Withdraw Date: