

Transfer Request Form

This form is to be completed by CUPE 1356 part-time employees interested in transferring to another unit and/or another part-time classification.

PERSONAL DETAILS

Name: _____
Surname Given Name

Telephone #: _____ Cell phone/Other #: _____ Email: _____

Employee ID #: _____ Current Unit: _____

TO WHAT PART-TIME POSITION(S) ARE YOU SEEKING TRANSFER?

(Note: You must demonstrate that you meet the minimum job requirements in order to work in another classification)

Place a check mark in the box of each position where you would be interested in working.
 If you are not interested in a position please leave the box blank.

| | | | | |
|-----|------------------------------------|--|---|--|
| #__ | Custodial Services: | Custodian/Groundskeeper (Sat/Sun) <input type="checkbox"/> | Custodian <input type="checkbox"/> | Custodian (Fri/Sat Nights) <input type="checkbox"/> |
| #__ | Housing Services: Glendon | Housing Custodian / Maintenance Helper <input type="checkbox"/> | Housing Custodian <input type="checkbox"/> | |
| #__ | York Apts | | | |
| #__ | Undergraduate | | | |
| #__ | Transportation & Parking Services: | Custodian <input type="checkbox"/> | Bus Driver 1 <input type="checkbox"/> <i>(requires CZ licence in good standing, 2yr recent experience driving large passenger vehicles, successful completion of a driving assessment)</i> | |
| #__ | Grounds: | Groundskeeper (Sat/Sun) <input type="checkbox"/> | | |

SKILLS & WORK EXPERIENCE

(please enter the number of years of experience beside the appropriate heading and indicate you have the required skill set or specific qualification by checking the corresponding box)

| | | | | | |
|---------------------------------|--------------------------|-----------------------|--------------------------|---------------------------|--------------------------|
| Cleaning | <input type="checkbox"/> | Ontario G Licence | <input type="checkbox"/> | Floor Scrubbers / Buffers | <input type="checkbox"/> |
| Maintenance | <input type="checkbox"/> | Ontario DZ Licence | <input type="checkbox"/> | Carpet Cleaners | <input type="checkbox"/> |
| Landscape machinery | <input type="checkbox"/> | Ontario CZ Licence | <input type="checkbox"/> | First Aid/CPR | <input type="checkbox"/> |
| Power/Hand tools | <input type="checkbox"/> | Pesticide Certificate | <input type="checkbox"/> | Power Washers | <input type="checkbox"/> |
| Other Related Skills (specify): | <input type="checkbox"/> | | | | <input type="checkbox"/> |

AVAILABILITY

Are you available to work weekends? YES NO Friday – Sunday

Are you available to work evenings? YES NO Typically 3:30pm–12:00am

Are you available to work nights? YES NO Typically 11:00pm–7:30am

Are you available to work days? YES NO Typically 7:30am–4:00 pm; 8:00am–4:30pm

Are you available to work at the Glendon campus? YES NO

ADDITIONAL INFORMATION

(Please provide any other relevant information you feel we should know)

 Employee Signature

 Date

Submit this form to 1045 Physical Resources Building or place in the drop box outside of room 1055 PRB