

NORTHERN MICHIGAN UNIVERSITY AFSCME LATERAL TRANSFER FORM

PLEASE PRINT

Name _____

Current Classification _____

Current Department _____

Work Phone _____

Home Phone _____

Current Work Hours _____ to _____

Current Days Worked _____

In accordance with Article 17, Section B Lateral Transfers, list your first preference of department for a lateral transfer (another job opening within your same classification) by placing a "1" in the appropriate box. Select all other departments that you would like to be considered for a lateral transfer by placing a "X" in the box.

- Plant Operations
- Housing and Residence Life
- Intercollegiate Athletics and Recreational Sports
- University Center
- Dining Services
- Public Safety and Police Services

I understand in accordance with Article 17 a new lateral transfer form must be completed and filed with the Human Resources Department every year during the month of February.

Employee Signature

Date

DO NOT WRITE BELOW THIS LINE

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To be Completed by the Human Resources Department

Seniority Date _____ Probationary Period Completion Date _____

Job Opening Number	Date Contacted	Date Accepted	Date Declined	No Response Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____