

Superintendent Transfer Request

Employee Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Pass #: _____ BSC ID #: _____

Phone: _____ Email: _____

Current Title: _____

Current Location: _____
Department/Division *Location* *Shift*

Requested Location: _____
Department/Division *Location* *Shift*

Alternate Location: _____
Department/Division *Location* *Shift*

Reason for Request _____

Pursuant to the Department of Buses Transfer Requests procedure set forth in Attachment B of the UTLO 2017-2019 Memorandum of Understanding:

- Transfer requests may only be made by Superintendents who have completed at least one (1) year of service in their current title.
- Transfer requests are limited to Superintendents seeking a transfer into or out of a Depot, Shop, or Road Operations or requesting a shift change.
- Transfer requests are subject to managerial discretion and are not subject to appeal under the contract grievance process.
- Superintendents granted a transfer pursuant to this procedure are not eligible for another transfer under this process for three (3) calendar years from the effective date of the previously granted transfer and remain subject to subsequent movement based on managerial discretion.

Employee Signature: _____ Date: _____

Approvals & Acknowledgement

This request will be maintained and reviewed based on Departmental need and the employee will be notified if a position becomes available. If you are offered a position consistent with your request and decline, your request will be considered closed.

Current Department Head	Date	Requested Department Head	Date
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Transfer Offered: _____	Date	Employee Accepts or Declines (circle one):	Signature	Date
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Transfer Effective Date: _____	Date	Signature: _____	Employee Acknowledgement	Date
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Date to Union: _____ Tracking #: _____