

POLICY: HR-III-20

DEPARTMENT: Human Resources **CATEGORY:** Working Conditions

EFFECTIVE DATE: March 2016

SUPERSEDES VERSION DATED: August 2009

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Policy & Procedure Manual

TRANSFERS OUTSIDE OF JOB POSTINGS/ VACANCIES – HR-III-20

POLICY:

Employees may be transferred from one primary area of assignment to another, on a temporary or permanent basis, at the discretion of management. An Employee may request a transfer from one primary area of assignment to another, within the same classification and status.

Employees with disabilities requesting to be transferred or who are being transferred will be notified of the availability of accommodations and accessibility and individual accommodation plans will be considered in OPTIONS redeployment processes.

Note: For Unionized employees, any such request made by an employee, must be made in accordance with any applicable collective agreement language.

PURPOSE:

- 1. To ensure adequate staffing coverage.
- 2. To maintain order and efficiency within the organization.
- 3. To allow employees opportunity for change/growth, where feasible.

PROCEDURE:

EMPLOYER INITIATED TRANSFER:

1. If the Supervisor of a particular area wishes to transfer an employee from one primary area of assignment to another, it must be discussed with his/her Director, and the Director, Human Resources. In considering such transfer, employees will be notified of the availability of accommodations for persons with disabilities, on request. Should accommodation be requested by an employee, an Applicant Workplace Accommodation form (Appendix A) will be completed. Employees with existing accommodation plans shall have their plans reviewed and updated, as required.



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2. Human Resources will prepare and process employee master forms per the direction of the Director of Human Resources for each employee who is making a transfer. Depending on the circumstances for the transfer, the employee may be restricted to working in a particular location(s).

EMPLOYEE INITIATED TRANSFER:

- 1. Should an employee desire to request a transfer from one primary area of assignment to another, the employee must complete and submit to Human Resources, an internal application form (Appendix B). This request will then be brought to the attention of the Director, Human Resources, who will discuss the request with the employee's immediate Supervisor. In considering such transfer, employees will be notified of the availability of accommodations for persons with disabilities, on request. Should accommodation be requested by an employee, an Applicant Workplace Accommodation form (Appendix A) will be completed. Employees with existing accommodation plans shall have their plans reviewed and updated, as required. Human Resources will work with other applicable Supervisors/Directors to investigate the possibility of the transfer, as required.
- 2. If the transfer is to take place, Human Resources will document the circumstances surrounding the transfer on the "outcome" section of the internal application form and the application will be filed in the employee's personnel file. Human Resources will prepare and process an Employee Master Form to affect the transfer.
- 3. If the transfer is not possible within a reasonable period of time, the employee will be advised and the application will remain with Human Resources for the remainder of the calendar year, for consideration for other opportunities that may arise.
- 4. A new application must be submitted each calendar year.

RECOMMENDED BY:

Director, Human Resources

APPENDICES: 1

OPERATIONAL ACCOUNTABILITY: Administration, Finance, Human Resources, Personal Support Services Administration, Personal Support Services, Community Resource Team

ORIGINAL POLICY DATE: April 1993

AUTHORIZED BY: Executive Director

SIGNATURE

- OPTIONS northwest -Applicant Workplace Accommodation Form

FOR COMPLETION BY HUMAN RESOURCES	
Applicant:	Position Applied for:
Request made to:	Date of Request:
Type of Accommodation requested:	
☐ Accessible Formats/Communication Support	ts
Accommodation Plan:	
☐ Physical/Mental Health	
~	
Medical Documentation required: ☐ Yes ☐	□No
Accommodation Plan:	
Information includes data, facts and knowledge the images, and that conveys meaning.	hat exist in any format, including text, audio, digital
Accessible Formats may include but are not limite oraille, audio format, captioning.	d to options such as large print, screen readers,
Communication means the interaction between two fixed them, where information is provided, sent or re	wo or more persons or entities, or any combination eceived.

- OPTIONS northwest -Internal Application Form

POLICY: HR-III-20 APPENDIX B

Name:	e: Current Position:						
Current Area of Assignment/Departm	ent: Current Status:						
Complete Sections A & C or Sections B & C							
Section A	Section A						
\square I am an internal employee interested in an internal position.							
Title of Internal Position:							
Was Position Advertised? ☐ Yes ☐ No							
Note: All advertised positions will list application requirements References:							
List three work references							
Name Relationship to A	pplicant Contact Information						
I authorize the references listed above to release to OPTIONS northwest any information with regards to my application to the position being applied for.							
Signature of Applicant:	Date:						
Signature of Applicant: Section B	Date:						
Section B ☐ I am an internal employee intereste							
Section B ☐ I am an internal employee intereste	d in a transfer.						
Section B ☐ I am an internal employee intereste Desired Transfer Location(s):	d in a transfer.						
Section B ☐ I am an internal employee intereste Desired Transfer Location(s):	d in a transfer.						
Section B ☐ I am an internal employee intereste Desired Transfer Location(s):	d in a transfer.						
Section B ☐ I am an internal employee intereste Desired Transfer Location(s):	ed in a transfer.						
Section B I am an internal employee intereste Desired Transfer Location(s): Please outline your Education, Qualific	ed in a transfer.						
Section B I am an internal employee intereste Desired Transfer Location(s): Please outline your Education, Qualific	ed in a transfer.						

- OPTIONS northwest -Internal Application Form

Name:			
Section C All Applicants must complete this sect	ion		
Cover letter attached?	□ Yes	□No	
Resume attached?	□ Yes	□No	
Additional Documents Attached?	☐ Yes	□No	
Additional Information:			
I hereby certify that the information on that a false statement or omission may be			
Signature:		Date:	
Contact Number(s):			
For Human Resources Only			
Date Stamp			
Outcome:			