



Date Received (HR) \_\_\_\_\_

# **STANDING APPLICATION**

## **Request for Transfer**

### **Bargaining Unit Positions only**

Please email applications to [unifor707transfer@suncor.com](mailto:unifor707transfer@suncor.com)

**\*\*It is candidate's responsibility to ensure that the HR Department receives this application prior to deadline date\*\***

Employee Name: \_\_\_\_\_ Badge No. \_\_\_\_\_ Date: \_\_\_\_\_

Current Shift Letter: \_\_\_\_\_ Current Area: \_\_\_\_\_

Current Position: \_\_\_\_\_ Seniority Date: \_\_\_\_\_

Position Requested (one only): \_\_\_\_\_

**\*\*Please ensure proper certification is attached**

Requested Area : \_\_\_\_\_

**\*\*Shift preference will not be considered\*\***

Contact Phone Numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

**I understand that I must be available to be contacted at the phone number I provided above on the second day following the close of this posting. I understand that if I am not available that I will forfeit any claim I may have on this posting. I further acknowledge that if I am contacted and fail to respond to the caller within 24 hours that I will forfeit any claim I may have to this posting.**

**I also understand that if do not accept or forfeit as above that I will not be permitted to apply for this position again until the next calendar year.**

**Lastly, I confirm that I have read the entire posting and understand the impact the posted wage will have on my income.**

Printed Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

## **IMPORTANT**

**\*\* Present Supervisor and Dept. Manager must approve this Request for Transfer\*\***

**Forms received without these signatures will be VOID.**

Printed Name \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Dept. Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_