

State of Illinois
Department of Central Management Services
American Federation of State, County, and Municipal Employees (AFSCME) - Employee Transfer Request

Request Date: _____

In accordance with Article XIX, Sections 2 and 7, RC-6, 9, 10, 14, 28, 62 and 63, an employee who is deemed qualified and eligible may file a request for transfer if desiring to transfer within the same position classification (title) to a different work location or other Agency. The transfer request shall be effective for two (2) years unless you refuse an offered position, in which case your request for transfer will be considered void. Employees may not transfer under Section 7 more than once every 24 months. In accordance with Article XIX, Section 7, RC 42, an employee desiring to transfer to the same position classification in a different work site shall file a request for transfer form, which shall be effective for one (1) year. Employees may not transfer under Section 7 more than once every 12 months.

Current Employment Information

Name: _____

Title: _____ Option: _____

Status: Probationary Certified Seniority Date: _____

Agency: _____

Division: _____

Work County: _____ Telephone: _____

Requesting Transfer To:

Agency: _____

Division: _____

Title: _____ Option: _____

Work County: _____ Location Preference: _____

Posting Identification Number, if applicable: _____

Signature: _____ Last 4 Digits of Social Security Number: _____