

REQUEST FOR TRANSFER/REINSTATEMENT
University of Wisconsin-Eau Claire

Last Name		First Name, Middle Initial	Previous Name
Street Address		City, State	Zip Code
Home Phone	Business Phone	Social Security #	

Indicate below whether you are seeking transfer or reinstatement:

Transfer: Current Classification: _____ Pay Range: _____
 State Agency _____ Seniority Date: _____

--or--

Reinstatement: Previous Classification: _____ Pay Range: _____
 State Agency _____ Separation Date: _____

Will you accept part-time work? Yes No

Will you accept weekend work? Yes No

Will you accept afternoon shift work? (3:30pm - 10:30pm) Yes No

Will you accept evening shift work? (6:00pm - 2:30am) Yes No

Will you accept night shift work? (10:30pm - 7:00am) Yes No

Would you consider a position in a lower pay range? Yes No

What positions (classifications) would you like to be considered for? _____

I certify that the above information is correct. I also understand that the information provided will be available to state human resources managers and employing officials and authorize its release.

Signed _____ Date _____

This transfer/reinstatement request can be submitted **WITH A COPY OF YOUR RESUME** to:

University of Wisconsin-Eau Claire
 Human Resources
 P.O. Box 4004
 Eau Claire, WI 54702
 Fax: 715-836-3051
 Phone: 715-836-2513

Note: If you currently have at-risk/layoff employment status, include a copy of your at-risk/layoff letter.