



**TRANSFER ELIGIBILITY WAIVER
REQUEST FORM
ONLY APPLICABLE IF HIRING OFF THE STREET**

- 2 Week Waiting Period**
- 6 Month Waiting Period**
- 12 Month Waiting Period**
- Art 12.4 (1) i of the Mechanic and Related and Stores contract**

NAME: _____ DATE: _____

LOCAL: _____ EMPLOYEE NO: _____ PHONE: _____

CURRENT STATION: _____ CLASSIFICATION: _____

LENGTH OF TIME IN CURRENT LOCATION: _____

LENGTH OF TIME IN CURRENT CLASSIFICATION: _____

TRANSFER STATION / CLASSIFICATION REQUESTED: _____

FULL TIME / PART TIME / or BOTH (CIRCLE ONE)

REASON FOR REQUEST: _____

LOCAL PRESIDENT SIGNATURE: _____

GRANTED/DENIED (CIRCLE ONE) DATE: _____

AA EMPLOYEE RELATIONS: _____

EXCEPTION **GRANTED/DENIED** (CIRCLE ONE) DATE: _____

REASON FOR DENIAL: _____

TWU SYSTEM COORDINATOR: _____

EXCEPTION **GRANTED/DENIED** (CIRCLE ONE) DATE: _____

NOTE: ATTACH TRANSFER FORMS (IF REQUIRED)