



HARDSHIP TRANSFER REQUEST

This form is to be completed and submitted to your region or division Human Resources manager for review. If your request is approved, your name will be put on a hardship transfer list and you will be considered for open positions in the location and classification approved, according to applicable bargaining agreement and policies. *Hardship transfer requests must include required verification documentation in order to be considered.*

EMPLOYEE NAME		EMPLOYEE ID NO. (EIN) OR	CLASSIFICATION TITLE	CLASSIFICATION NO.
DIVISION OR REGION	UNIT (CREW) NO.	LOCATION	REPRESENTATION (CHOOSE ONE) <input type="checkbox"/> AEE <input type="checkbox"/> SEIU <input type="checkbox"/> Exec/Mgmt/Unrep	
LIST ALL SPECIFIC LOCATIONS OR CITIES TO WHICH YOU ARE REQUESTING TRANSFER				
REASON FOR REQUEST				
<input type="checkbox"/> Serious health condition of an immediate family member requires your care and close proximity. (Immediate family members include your child, spouse, parent, parent-in-law, brother, sister, or the equivalent of each for a domestic partner.) <i>Attach medical verification of the illness of the family member and the need for you to care for that individual.</i>				
<input type="checkbox"/> Move to be near biological, adoptive, or foster child or children. (Applies if your child or children have been relocated due to divorce or other situation.) <i>Attach proof of child's or children's residence in the location listed above, and/or the reason for the relocation of the child or children.</i>				
<input type="checkbox"/> Personal safety. (Applies if your own personal safety is at risk if you are not relocated.) <i>Attach proof of personal safety risk, such as restraining order, police report, etc.</i>				
<input type="checkbox"/> Spouse relocation. (Applies if the relocation was mandatory by your spouse's employer and/or there were no other options – <i>not</i> a voluntary change or move.) <i>Attach proof of mandatory relocation and proof of spouse's current residence location.</i>				
<input type="checkbox"/> Other. <i>Please explain:</i>				

SIGNATURE X	DATE
-----------------------	------

ODOT HUMAN RESOURCES USE ONLY		
<input type="checkbox"/>	Approved	LOCATION(S)
<input type="checkbox"/>	Denied	REASON FOR DENIAL
HUMAN RESOURCE REPRESENTATIVE PRINT NAME		DATE
HUMAN RESOURCE REPRESENTATIVE SIGNATURE X		