



Department of Human Resources



## Hardship Transfer Request Form

(Applies only to SEIU-represented employees)

Employee name: \_\_\_\_\_ Classification: \_\_\_\_\_

Current geographic location: \_\_\_\_\_

Agency: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please describe the reason for requesting a transfer.** (See SEIU Contract, Article 45.1M for hardship transfer criteria.) Please be prepared to provide documentation of medical need or transfer of a family member by the employer:

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**Geographic location to which employee is requesting to be transferred.** (The transfer must be in excess of fifty (50) miles for medical transfer or seventy (70) miles for economic (non-medical) transfer from an employee's current worksite to the new worksite location.)

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Employee submits request for hardship transfer to the Office of Human Resources (OHR) for review to insure the employee meets the minimum qualifications of the position. Within three (3) working days of receipt by OHR, the request is forwarded to the Hardship Transfer Committee (HTC).

The Hardship Transfer Committee consists of two (2) managers and two (2) SEIU-represented employees. The HTC will review the request, make a decision, and provide a written response to the employee and the Office of Human Resources within fifteen (15) working days of receipt from OHR.

Decisions of the Hardship Transfer Committee are binding and are not grievable.

**Note:** You may continue to pursue transferring through traditional methods, e.g., lateral transfer, etc.

☐ Approved ☐ Denied

Reason:

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**If you are approved for hardship transfer and decline a position, your name will be removed from the hardship transfer list.**