

TRANSFERS WITHIN A LOCATION ART 6.15

Updated 09Oct26

Shift Movement Form

ORIGINAL ☐

REVISED ☐

TODAY'S DATE: _____

NAME: _____ EMP NBR: _____ Contact: _____

UNIFORM SENIORITY DATE: _____ / _____ / _____
YEAR MONTH DAY

STATUS: FT ☐ PT ☐

PLEASE INDICATE ALL AREAS REQUESTED

GROUPS ☐ ASIA ☐ OPS ☐ GEN RES ☐

PREF	SHIFT LINE #	PREF	SHIFT LINE #	PREF	SHIFT LINE #	PREF	SHIFT LINE #	PREF	SHIFT LINE #
1		32		63		94		125	
2		33		64		95		126	
3		34		65		96		127	
4		35		66		97		128	
5		36		67		98		129	
6		37		68		99		130	
7		38		69		100		131	
8		39		70		101		132	
9		40		71		102		133	
10		41		72		103		134	
11		42		73		104		135	
12		43		74		105		136	
13		44		75		106		137	
14		45		76		107		138	
15		46		77		108		139	
16		47		78		109		140	
17		48		79		110		141	
18		49		80		111		142	
19		50		81		112		143	
20		51		82		113		144	
21		52		83		114		145	
22		53		84		115		146	
23		54		85		116		147	
24		55		86		117		148	
25		56		87		118		149	
26		57		88		119		150	
27		58		89		120		151	
28		59		90		121		152	
29		60		91		122		153	
30		61		92		123		154	
31		62		93		124		155	

SHIFT LINES RUN AS FOLLOWS: FULL TIME AGENTS

Groups: G1-G11, G17-53

Groups French: G15, G64-G74

General Sales and Relief: GS1-GS190

Hindi&Punjabi: 191-198

ECC: 199-208

Asia Desk and Relief: A209-A239

PART TIME AGENTS

General Sales and Relief P1-P4

Groups Relief: G12-14, G54-G63

Groups French Relief: G16, 75

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ONE FORM PER EMPLOYEE

PLEASE INDICATE THE WORK AREAS YOU ARE INTERESTED IN MOVING TO.
FILL OUT FORM ACCORDING TO YOUR PREFERRED SHIFT LINE. SHIFT WILL BE
AWARDED IN UNIFRO SENIORITY ORDER. ONCE PROCESS OF AWARDING SHIFTS
COMMENCES NO FURTHER SHIFT MOVEMENT FORM WILL BE ACCEPTED, UNTIL
MOVEMENT IS FINALIZED.

ONCE OFFERED THE EMPLOYEE WILL HAVE 24 HRS TO ACCEPT/DECLINE SHIFT MOVEMENT.

SIGNATURE: _____

IF YOU ARE ABSENT DURING A SHIFT MOVEMENT, THE RDM WILL ACCEPT ON YOUR
BEHALF UNLESS INSTRUCTED OTHERWISE.

SIGNATURE / DATE: _____

CC: ORIGINAL TO Resource Deployment Manager
UNIFOR