

DETROIT WATER & SEWERAGE DEPARTMENT

UNION OR ASSOCIATION _____

DATE _____

EMPLOYEES TRANSFER REQUEST
WITHIN THE DEPARTMENT

PLEASE PRINT

PENSION #: _____

NAME: _____

S.S. NUMBER: _____

CLASSIFICATION: _____

SENIORITY: _____

TRANSFER FROM: _____
(Present Location)

TRANSFER TO: _____
(Requested Location)

REASON FOR TRANSFER REQUEST: _____

SIGNED: _____

NOTE: Employee must be in same classification as anticipated vacancy. This transfer request is good for only six months (Non-AFSCME) or twelve months (AFSCME) from date of issue. You must renew this transfer request after expiration date in order to keep your name on the eligibility list.

Fill out four copies (one for self) and return three copies to Labor Relations, Main office, 11th Floor.

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