

UNION PACIFIC Non-Operating Intracraft Transfer Request



Employee Name: _____ Employee ID: _____

Request Date: _____

Request to be considered for transfer and re-assignment from location/seniority district/collective bargaining agreement _____

to _____.

Home/Cell Phone: _____

Current Manager: _____

Employee Signature: _____ Date: _____

Employees Instructions:

For **Engineering Department Employees**: complete the top portion of this form and present it to the director at the location you are requesting transfer from and transfer to.

For **Mechanical Department Employees**: complete the top portion of this form and present the form to the manager at the location you are requesting transfer from and transfer to.

To Be Completed by Current Manager/Director:

I approve the transfer of this employee.

Manager/Director Signature: _____ Date: _____

To Be Completed by Receiving Manager/Director:

I approve the transfer of this employee.

Manager/Director Signature: _____ Date: _____

Effective start date of this transferring employee at the new location will be: _____.

Employee Instructions:

For **Engineering Department Employees**: please return a copy of the completed form to Non-Operating Personnel Services.

For **Mechanical Department Employees**: please provide a copy of the completed form to the local Manager of Operations.

***** This form is only valid for thirty (30) days from the date of last completed Manager/Director signature.