

**Temporary Transfer
SEIU D1199 Bargaining Unit**

Department of Human Resources

*Cleveland State
University*

The Bargaining Agreement between CSU and SEIU District 1199 provides that an employee may be temporarily transferred from one job classification to another job classification. The temporary transfer shall not exceed forty-five (45) work days except:

- A.) To fill a need caused by an employee being on sick or other approved leave of absence,
- B.) To provide vacation relief scheduling, or
- C.) To fill a need during the period pending the permanent filling of such vacancy.

As a result of the temporary transfer, the employee shall receive his/her regular salary if the salary grade for such other classification is the same or lower than the employee's regular salary grade. If the salary grade for such other classification is higher than the employee's regular salary grade, then the employee shall receive his/her regular salary during the first seven (7) calendar days of the transfer, and, beginning with the eighth (8th) calendar day shall receive the minimum of the higher salary grade, or shall receive a five percent (5%) increase, whichever is greater. A temporary transfer shall not exceed six (6) months without the agreement of the affected employee.

Please provide the following information:

Employee's name _____ CSU ID# _____

Current – Title: _____ Dept: _____

Transfer to - Title: _____ Dept: _____

Reason for Temporary Transfer: _____

___ - ___ - ___ Starting date of Temporary Transfer

___ - ___ - ___ 8th calendar day of Temporary Transfer

___ - ___ - ___ Ending date of Temporary Transfer
(Maximum of 45 Working days unless Reason is A or B or C above.)

___ Check if this is a date extension

(Ending date for transfers for reasons A or B or C above must be agreed to by the affected employee if the duration will exceed 6 months.)	
_____	_____
Affected Employee Signature	Date

Signature of Supervisor _____ (Date) _____

Signature of Department Head _____ (Date) _____

Authorizations attached:
 ___Comp, ___AAO, ___Budget, ___Provost/VP

Compensation Director _____ (Date) _____
 Department of Human Resources

For HR Office use only:

Grade: _____ \$ _____ 1. Employee's grade and regular annual rate (hourly rate for hourly)

Grade: _____ \$ _____ 2. Higher grade and minimum annual rate (hourly rate for hourly)

\$ _____ 3. 5% increase of #1 (1.05 * #1)

\$ _____ 4. Temp Transfer rate (Higher of #2 ____, or #3 ____, or other ____)

\$ _____ 5. Total amount Budgeted for Temporary Transfer

Pos#/Job Code: _____ AcctCd: _____ % _____ AcctCd: _____ % _____

Data Review - HR: _____ date _____ Data Entry-HR: _____ date _____