**ALTERNATION PROCESS - APPOINTMENT / DEPLOYMENT REQUEST**

**FORM TO BE COMPLETED BY THE MANAGER OF THE OPTING EMPLOYEE**

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| 1. **Process and General Appointment Information** | | | |
| Request Type: | | Appointment Tenure: Indeterminate | |
| 1. **Alternate Information (Non-Affected Employee Moving into the Opting Position)**   **\*\*\*Please use the information related to the “opting” position** | | | |
| **Position/Financial Information\*\*\* to include in the Alternate Letter of Offer** | | | |
| Position Title: | | Region: | |
| Organization: | | Sub-Organization: | |
| Classification Group & Level:  Position Number: | | Position Language Requirement(s): **Excluded** as per the Appointment or Deployment of Alternates Exclusion Approval Order (the Order) and the Appointment or Deployment of Alternates Regulations (the Regulations). | |
| Position location: | | Department ID:  Cost Center: | |
| **Alternate Employee Information** | | | |
| Employee Given Name: | | Employee Surname: | |
| National ID (PRI): | | Employee’s Official Language Preference for Correspondence: | |
| **Alternate Letter of Offer Information** | | | |
| Date of appointment/deployment\* *(dd/mm/yyyy)*:  \**The effective date of the alternation must occur on the same date for both employees* | | Departure Date\* *(dd/mm/yyyy)*:  *\*The departure date must be no later than five days following the date of the appointment* | |
| Selected option by alternate: | | | |
| **Alternate Employee Compensation and Benefits Information**  **(to be completed only if employee is from another department (not from HRSDC))** | | | |
| Name of Compensation and Benefits Advisor: | Telephone Number:  Email Address: | | |
| **Alternate Employee Financial Advisor Information**  **(to be completed only if employee is from another department (not from HRSDC))** | | | |
| Name of Financial Advisor: | Telephone Number:  Email Address: | | |
| 1. **Opting Employee Information (Employee to be hired into the non-affected position)** | | | |
| **Opting Employee Information** | | | |
| Employee Given Name: | Employee Surname: | | |
| National ID (PRI): | Classification Group & level: | | |
| 1. **Additional Comments** | | | |
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| 1. **Authorization** | | | |
| Organization: | | | Region: |
| Hiring Manager: | | | Administrative Support Contact: |
| Sub-Delegated Manager (level 3): | | | Date Submitted *(dd/mm/yyyy)*: |
| Date Approved by ADM (if applicable): | | | |

## Please submit via email the completed Alternation Process - Appointment/Deployment Request Form to the appropriate Regional WFA Units:

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| **West** | [W-T-HR-RH-WFM-GD](mailto:W-T-HR-RH-WFM-GD%20%3cW-T-HR-RH-WFM-GD@hrsdc-rhdcc.gc.ca%3e) |
| **Ontario** | [ON-WFA-RE-GD](mailto:ON-WFA-RE-GD%20%3cON-WFA-RE-GD@hrdc-drhc.net%3e) |
| **National Capital** | [NC-WFA-RH-HR-GD](mailto:NC-WFA-RH-HR-GD%20%3cNC-WFA-RH-HR-GD@hrdc-drhc.net%3e) |
| **Quebec** | [QC-DRE-Ressourcement-GD](mailto:QC-DRE-RESSOURCEMENT-GD@hrdc-drhc.net) |
| **Atlantic** | [ATL-WFA-RE-Resourcing-Ressourcement-GD](mailto:ATL-WFA-RE-Resourcing-Ressourcement-GD@hrdc-drhc.net) |