**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**
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| 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)**
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| **Opting Employee Information** |
| Employee Given Name:       | Employee Surname:       |
| National ID (PRI):       | Classification Group & level:       |
| 1. **Additional Comments**
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|       |
| 1. **Authorization**
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| 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 |
| **Ontario**  | ON-WFA-RE-GD |
| **National Capital**  | NC-WFA-RH-HR-GD |
| **Quebec**  | QC-DRE-Ressourcement-GD |
| **Atlantic** | ATL-WFA-RE-Resourcing-Ressourcement-GD |