**ALTERNATION PROCESS - APPOINTMENT / DEPLOYMENT REQUEST**

**FORM TO BE COMPLETED BY THE**

**MANAGER OF THE ALTERNATE (NON-AFFECTED) EMPLOYEE**

|  |
| --- |
| 1. **Process and General Appointment Information**
 |
| Request Type:  |
| 1. **Opting Employee Information (employee to be hired into the non-affected position)**

**\*\*\*Please use the information related to the non-affected position** |
| **Position/Financial Information to include in the Opting employee Letter of Offer** |
| Position Title:       | Region:       |
| Organization:       | Sub-Organization:       |
| Classification Group & Level:      Position Number:       | Position Language Requirement(s):       |
| Position location:       | Department ID:      Cost Center:       |
| **Opting Employee Information** |
| Employee Given Name:       | Employee Surname:       |
| National ID (PRI):       | Employee’s Official Language Preference for Correspondence:  |
| **Opting Employee 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* | Relocation Expenses Applicable?: [ ]  Employee meets all conditions of employment? I take full responsibility that the conditions of employment have been verified by reviewing any required documentation as applicable.*(if applicable, note conditions, other than reliability/security requirements, to be included in offer. If copies of documentation available, they may be attached with the request or submitted by separate e-mail after discussion with HR Advisor)*:       |
| Work Schedule: [ ]  Full-time *(standard Mon-Fri) [ ]* Shift work [ ]  Part-time *[ ]* Variable shift work  |
| 1. **Alternate Information (Non-Affected Employee)**
 |
| **Alternate Employee Information** |
| Employee Given Name:       | Employee Surname:       |
| National ID (PRI):       | Classification Group & level:       |
| 1. **Additional Comments**
 |
|       |
| 1. **Authorization**
 |
| Organization:  | Region:  |
| Hiring Manager:       | Administrative Support Contact:       |
| Sub-Delegated Manage (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:

|  |  |
| --- | --- |
| **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 |