



REQUEST FOR COMPASSIONATE TRANSFER

This request is for _____ Employee # _____
to receive a compassionate transfer from _____ base to _____ base for
the month(s) of _____.

I have had a previous compassionate transfer: Yes ___ No ___. If yes, when _____?

I have read the Compassionate Transfer Union Policy and understand and agree to the criteria and documentation required for this compassionate transfer out of seniority.

Member requesting Compassionate Transfer

Date

Local President – Originating Base

Date

Local President – Receiving Base

Date

Component President

Date