

### **GENERAL INFORMATION**

- To be eligible to apply you must be a regular employee who has completed the initial probationary period.
- Compassionate transfer requests are employee initiated and relocation allowance is not provided.
- Employees may request either a lateral transfer and/or voluntary demotion.
- Further information may be required as part of the application process.
- The best interests of the employee and employer are taken into account in reviewing requests.
- If the request is accepted, transfers are based on the availability of vacancies and there are no assurances that a suitable vacant position will be located. Employees are encouraged to continue their own efforts to secure a position in the requested location (networking, applying for posted positions, etc...).

### **EMPLOYEE'S RESPONSIBILITY**

- If the request for the compassionate transfer is accepted, the responsibility for identification of suitable placement opportunities is the joint responsibility of the employee and their ministry.
- Employees are responsible for demonstrating suitability for placement opportunities.
- Updated information may be periodically requested by the Rehabilitation Committee to be able to continue to support an accepted compassionate transfer request.
- Notify your manager and the Rehabilitation Committee that you are withdrawing your request if your circumstances have changed and you no longer require the transfer.
- Pending a potential transfer, employees are expected to continue to make every effort to manage their personal circumstances and take necessary steps to attend work regularly.

### **MANAGER'S RESPONSIBILITY**

- It is the joint responsibility of the employee and their manager/ministry to identify suitable placement opportunities. The BC Public Service Agency is available to assist with provision of vacancy lists and other information to facilitate your process.
- Managers/ministries are expected to consider any lateral transfer opportunities that may become available in the ministry. Prior to posting positions, managers/ministries are expected to consider placement of suitable employees with approved compassionate transfer requests into available vacancies. This assumes that there are no other employees with rights to the vacant position (e.g.: an employee in a formal placement process within government).
- Managers/ministries are responsible for reviewing suitability of employees being referred to their vacancies for placements; and for providing the rationale why an employee may not be suitable for a position if it is not being offered to the employee.

### **BEFORE SUBMITTING FORM**

- Contact MyHR if you have any questions or need more information.

# REHABILITATION COMMITTEE REQUEST FOR TRANSFER ON COMPASSIONATE GROUNDS

**Instructions**

- Request for transfer on compassionate grounds must meet with a stringent criteria. Only Regular employees who have completed their initial probationary period may be given consideration. Each request will be dealt with on its merits.
- The application must be completed jointly whenever possible by the applicant and their manager/supervisor. Forward the completed form to: Secretary, Rehabilitation Committee, BC Public Service Agency, PO Box 9404 Stn Prov Govt, Victoria BC V8W 9V1. Fax No.: 250-387-8230

**Freedom of Information and Protection of Privacy Act (FOIPPA)** The personal information requested on this form is collected under the authority of FOIPPA s.26(c) and will be used to process your application to the Rehabilitation Committee. Questions about the collection or use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request at AskMyHr, phoning 1-877-277-0772, or writing to: Manager, Contact Center Operations, BC Public Service Agency, 810 Blanshard Street, Victoria BC V8W 2H2.

**EMPLOYEE INFORMATION**

NAME		DATE OF BIRTH YYYY / MM / DD		EMPLOYEE NO.	
CURRENT ADDRESS – <i>include city, province, postal code</i>				HOME PHONE NO.	WORK PHONE NO.
EMPLOYING MINISTRY		BRANCH / WORK ADDRESS – <i>Include city, province, postal code</i>		EMAIL	
SENIORITY DATE YYYY / MM / DD	PRESENT CLASSIFICATION	GRID LEVEL	BI-WEEKLY RATE OF PAY	UNION / ASSOCIATION	

WHAT ARE THE REASONS FOR YOUR REQUEST? ATTACH A SEPARATE SHEET IF NECESSARY.

IF A LATERAL TRANSFER IS NOT FEASIBLE, WILL YOU ACCEPT A VOLUNTARY DEMOTION?  YES  NO

WHAT STEPS HAVE YOU TAKEN TO SECURE ALTERNATE EMPLOYMENT WITHIN THE PUBLIC SERVICE?

ATTACH A CURRENT COPY OF YOUR RESUME. COPY ATTACHED?  YES  NO

WHERE DO YOU WANT TO BE TRANSFERRED TO? (CITY/REGION):

APPLICANT'S SIGNATURE (EMPLOYEE)	DATE SIGNED YYYY      MM      DD
<b>X</b>	

**AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION**

I hereby authorize any physician, hospital or other Medical Agency having medical records pertaining to the person named below, to disclose the information contained in these records to the Rehabilitation Committee.

PRINT NAME	RELATIONSHIP TO EMPLOYEE

SIGNATURE (BELOW) OF PERSON WHOSE MEDICAL FORMS THE BASIS OF THIS APPLICATION (I.E. COULD BE PARENT, SPOUSE, ADULT CHILD)	DATE SIGNED YYYY      MM      DD
<b>X</b>	

EXCLUDED MANAGER COMMENTS

EXCLUDED MANAGER SIGNATURE (BELOW)	PRINT NAME	DATE SIGNED YYYY      MM      DD
<b>X</b>		