



THE NIAGARA PARKS COMMISSION SEASONAL TRANSFER REQUEST

Please Be Advised: This Transfer Request replaces all previous Requests.

Date: _____

Name: _____
Last Name (Please Print) First Name

Address: _____
Street Apt. # City

Postal Code: _____ Phone No.: _____

Status: Student Seasonal Adult Full Time Seasonal Adult Part Time
(less than 24 hrs. per week)

PRESENT WORK LOCATION:

Dept.: _____ Location: _____ Position: _____

I WOULD LIKE TO TRANSFER TO: (Please choose **Department** and/or **Position**)

1st Choice - Dept.: _____ Location: _____
Position: _____
Seasonal Full Time (over 24 hrs per wk) Seasonal Part Time (under 24 hrs per wk.)

2nd Choice - Dept.: _____ Location: _____
Position: _____
Seasonal Full Time (over 24 hrs per wk) Seasonal Part Time (under 24 hrs per wk.)

Reason(s) For Transfer Request: _____

SIGNATURE: _____

****Please Note: This form is to be returned IN PERSON to Human Resources**

HR Office Use:
Employee #: _____ Start Date: _____ Seniority Date: _____

Transfer Status: _____ Entered: