## **APPLICATION FOR TEMPORARY PROMOTION**

TO:		
	(Manager or Supervisor)	
	(Department)	
DATE:		
Please pu	ut my name on the list of employees to be considered for temporary vacancies in	n your department.
EMPLO'	YEE INFORMATION:	
NAME		
CURREN	IT DEPARTMENT	
CURREN	IT CLASSIFICATION	
SENIORI	TY DATE (date first hired on a continuous basis)	
CLASSIF	ICATION AND/OR POSITION DESIRED	
IN WHIC	H DEPARTMENT OR SECTION?	
SIGNATU	JRE	
ADDITIC	ONAL COMMENTS:	

Please send one copy of this form to the Unifor 2000 office at 102 – 5783 176A Street, Surrey, BC V3S 6S6 by mail or email: unifor2000@unifor2000.ca

**DEADLINE: JANUARY 31, 2022**