University of Limerick

OLLSCOIL LUIMNIGH

Employee Transfer Policy

Approved by Governing Authority 27 September 2011

1. Purpose of Policy

1.1 The University of Limerick (UL) recognises that employee motivation, productivity and retention are dependent upon people working in jobs that are suited to their interests. Accordingly, the University offers and encourages transfer opportunities for employees. In keeping with this, managers should be supportive of employees who wish to enhance their skills or develop new competencies with a view to pursuing different opportunities internally.

1.2 Transfer requests will be initiated by the employee.

1.3 Employees may register their interest in transferring to posts in other faculties, departments, divisions or teams for a variety of reasons. Reasons may include but are not limited to welfare, geographical location or career development.

2. Context and Criteria

2.1 UL reserves the right to implement employee transfers to alternative posts as required for maintaining the effective and efficient running of the University and all transfers are subject to the approval of the Director of Human Resources (HR).

2.2 There is no entitlement to transfer. However, depending on business needs and, in particular, to ensure that the University continues to run efficiently and effectively, UL will endeavour to facilitate such requests.

2.3 Transfers will be at the employee's substantive grade.

2.4 This Policy does not apply to temporary vacancies.

3. Eligibility

3.1 Employees are eligible to request a transfer to another faculty, department, division or team within UL provided they:
- have been in their current post for at least two years;
- have a satisfactory record of attendance, performance and conduct;
- have not, within the previous year, been offered a suitable transfer position and
- have not become ineligible for transfer as set out in Section 6.

4. Prioritising Applications

4.1 The following transfers take precedence:

(1) Employees who require redeployment;

(2) Where a transfer would constitute a reasonable adjustment to their work, transfer applications from employees with a disability as defined by legislation will be given priority consideration;

(3) All other applications will be considered with equal weighting.

5.   Application Procedure

5.1   To apply for transfer opportunities that may arise, employees should complete the Transfer Application Form (available on the HR website) and submit it to the HR Division. Employees must provide reasons for seeking to transfer.

5.2   HR may discuss the request with the applicant.

5.3   The applicant may be required to demonstrate that they have the requisite knowledge and skills for working in the requested transfer area, e.g., through a discussion with the relevant manager.

5.4   HR will maintain a list of transfer applicants.

6.   Acceptance of Transfer

6.1   Employees who accept a transfer will not be eligible to apply for another transfer for a period of two years.

6.2   An employee who declines the offer of a transfer to their requested area will be removed from the transfer list and except in exceptional circumstances as decided by the Director, HR, will not be eligible to apply for a transfer for a period of two years from the date on which they declined the offer.

6.3   Employees who decline two offers of transfer at their current grade in a twelve-month period will be removed from the transfer list for a period of two years from the date on which they declined the second offer.

6.4   Employees who are no longer interested in a transfer should inform HR they wish to be removed from the transfer list.

EMPLOYEE TRANSFER APPLICATION FORM

NAME: _____ *ID No.:* _____

*GRADE:*_____ *DEPARTMENT:* _____

FACULTY/DIVISION: _____

REQUESTED AREA OF TRANSFER: _____

*LINE MANAGERS NAME:(PLEASE PRINT)*_____

EMPLOYMENT COMMENCEMENT DATE: _____ *IN CURRENT POSITION SINCE:* _____

MY SIGNATURE BELOW CERTIFIES THAT I AM VOLUNTARILY REQUESTING A TRANSFER TO:

FACULTY/DIVISION: _____ *DEPARTMENT:* _____

EMPLOYEE SIGNATURE: _____ *DATE:* _____

SUPERVISOR SIGNATURE: _____ *DATE:* _____

REASON FOR TRANSFER REQUEST:
_____
_____
_____
_____
_____
_____
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