ATTACHMENT “A”

# **Departmental Transfer Assignment**

This Transfer Assignment dated (start date of Transfer)

BETWEEN: (name of Transferee)

- and -

The Department of (Department's name)

Government of the Northwest Territories

(The "Department")

**Whereas** the Government has developed a policy and guidelines for staffing of positions to meet the Department's short term human resource needs and the development needs of its employees,

**And whereas *(name of Transferee)*** has applied for and been accepted for a transfer assignment;

**Therefore the parties agree as follows:**

1. The transfer will be from (*position number, title, location*) (if different between pay levels: (*pay range, step, grid*)), to (*position number, title, location*) (*pay range, step, grid*), (job description attached) for the period of (*month/day/year*) to (*month/day/year*).

2. The Department will pay the salary and benefits of ***(name of Transferee)***, (*position number, title*) in accordance with (the Collective Agreement between the Union of Northern Workers/NWT Teachers' Association and Government of the Northwest Territories or the Excluded Employees Pay Policy/ appropriate salary band for the position). The salary will be (*$00,000.00*) per annum, which represents (*pay range, step, grid*).

3. Contacts for all administrative purposes will be the **Management and Recruitment Services** Representative of the Department of Human Resources. The Department ***(or Client Service Centre)*** will maintain ***(name of Transferee)'s*** leave and attendance records for the duration of this agreement.

4. ***(Name of Transferee)*** will report to (*name, title, location*) for the assignment period.

5. This agreement may be amended by mutual consent of all parties at any time or terminated by either party with 30 days notice.

***Optional for term employees***: The Department agrees to provide alternate employment at a salary level at least equivalent to ***(name of Transferee)'s*** salary prior to the transfer, should the Department wish to terminate the transfer assignment.

6. During the transfer, the Department agrees to complete annual Performance Reviews of the performance of ***(name of Transferee)***.

***Optional for Development Assignment:*** During the transfer, ***(name of Transferee)*** agrees to endeavour to achieve the learning goals specified in the attached Training Plan. The Department agrees to evaluate progress and performance of ***(name of Transferee)*** in accordance with the timelines and objectives specified in the attached Training Plan. The Department further agrees to complete annual Performance Reviews on the performance of ***(name of Transferee)***.

7. The Department (*location*) will be permitted to replace ***(name of Transferee)*** during the assignment period.

8. The Department of (***name of Department*)** guarantees that upon completion of the assignment, a position will be provided to ***(name of Transferee)*** at a salary level at least equivalent to ***(name of Transferee)'s*** salary prior to the transfer, plus any increases or increments ***(name of Transferee)*** would have received had ***(name of Transferee)*** remained in the original position. If a reasonable job offer cannot be made to the transferee at the end of the transfer, the Staff Retention Policy will apply.

***Optional****:* The Department guarantees that upon completion of the assignment, ***(name of Transferee)‘s*** original position will be provided to ***(name of Transferee)*** at a salary level at least equivalent to ***(name of Transferee)'s*** salary prior to the transfer, plus any increases or increments ***(name of Transferee)*** would have received had ***(name of Transferee)*** remained in the original position.

If this position is not available and a reasonable job offer cannot be made to the transferee at the end of the transfer, the Staff Retention Policy will apply.

9. The Deputy Minister will resolve any disagreements or problems associated with this agreement.

To confirm understanding and acceptance of the Agreement, all parties are required to sign in the appropriate space below:

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Date Employing Department as represented by the
Deputy Minister of (*Department's Name*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (*Name of Transferee*)