

**STAFF SERVICES ANALYST (GENERAL)
TRANSFER EXAM REQUEST FORM**

NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER ____-____-____
MAILING ADDRESS (Number)			WORK TELEPHONE NUMBER (____) ____-____
(City)		(County)	HOME TELEPHONE NUMBER (____) ____-____
			(State) (Zip Code)

ANSWER THE FOLLOWING QUESTIONS:

1. Are you currently employed by the Department of Parks and Recreation? YES NO

District/Unit: _____ Position Number: - - - -

2. Do you need reasonable accommodation to take a written test? YES NO
(If "Yes", you will be notified to make special arrangements)

QUALIFICATION FOR LATERAL TRANSFER: Consideration for lateral transfer is based on the last appointment by certification or Board action.

Last A01 Appointment by Certification or Board Action	Class: _____	Class Code: _____
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Signature: _____ Date: / /

APPLICANTS--DO NOT USE THE SPACE BELOW--FOR PERSONNEL, SELECTIONS UNIT USE ONLY

TRANSFER RANGE: _____ VERIFIED BY: _____

A01 APPOINTMENT DATE: / / TENURE: _____ TIME BASE: _____

ACCEPTED REJECTED (reason) _____

DATE TEST SCHEDULED: / / DATE NOTIFIED OF TEST: / /

SCORED BY: _____

TOTAL SCORE: _____ PASSED FAILED

DATE SCORE ENTERED(ECOS): / / DATE RESULTS MAILED: / /

Privacy Statement

This information is requested by the Department of Parks and Recreation, Selections Unit per State Personnel Board Rule 174. Disclosure of Social Security Number is required to verify civil service eligibility for transfer exam. Return form to Department of Parks and Recreation, Attn: Selections Unit/Karen Oswald, P.O. Box 942896, Sacramento, CA 94296-0001.