

# STAFF SERVICES ANALYST (GENERAL) TRANSFER EXAM REQUEST FORM

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

**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/Bridget Campbell, P.O. Box 942896, Sacramento, CA 94296-0001.