

REFER TO PERSONNEL OPERATIONS MANUAL (POM) SECTION

RPA #

A. CANDIDATE INFORMATION

| | | |
|---------------------------------------------------|------------------------|-------------------------|
| CANDIDATE NAME (Last, First M.I.) | SOCIAL SECURITY NUMBER | TELEPHONE NUMBER (Home) |
| ADDRESS (Number & Street, City, State & Zip Code) | | TELEPHONE NUMBER (Work) |

B. LIST INFORMATION

I request my eligibility be transferred FROM: (Please enter the requested information in the appropriate space below.)

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|-----------|-------------------------------------------|-------|------------------|-------------------|
| DEPARTMENT NAME | | | | EXAMINATION/LIST TITLE | | SPOT/LOCATION | |
| LIST DATE | LIST CODE | LIST TYPE (Check One) OPEN PROM | EXAM TYPE | TIME BASE (FT/PT, INT) | SCORE | # CAREER CREDITS | # VETERANS POINTS |
| My eligibility was established as a result of my participation in the examination given on the date listed above. YES NO | | | | NAME OF CURRENT LIST DEPARTMENTAL CONTACT | | TELEPHONE NUMBER | |

I request my eligibility be transferred TO: (Please enter the requested information in the appropriate space below.)

| | |
|-----------------|------------------------|
| DEPARTMENT NAME | EXAMINATION/LIST TITLE |
|-----------------|------------------------|

C. CANDIDATE'S STATEMENT

NOTE: If you do not have a job offer with the "TO" Department listed above for the classification listed under Examination/List Title, that Department has the discretion to deny your transfer request. Check with the Department first to confirm their departmental policy.

I request my eligibility be transferred because: ("x" applicable items)

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|-----------------|
| I have an offer of employment for this classification. Please give Division/Office Name, Whom the offer was made by and the date made | Division/Office Name | Offer was made by | Date offer made |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|-----------------|

I am anticipating a geographical change in residence.

I am currently employed by the appointing power with: Division/Office Name

Candidate's Statement

Within the last 12 months, I did not compete in the examination resulting in the list to which I am requesting to transfer my eligibility. My request to transfer is made solely for the reason(s) I have indicated above. I hereby certify that all statements on this request are true. I understand that if it is determined at a later date that I did not meet the requirements for transfer, my name will be removed from the list and/or any resulting appointment may be terminated.

| | |
|-----------------------|-------|
| CANDIDATE'S SIGNATURE | Date: |
|-----------------------|-------|

D. EXAMINATION COMPATIBILITY CONFIRMATION/APPROVAL

Examinations compatible YES NO

| | |
|-------------------------------------------------|-------|
| SELECTIONS MANAGER OR REPRESENTATIVE SIGNATURE: | Date: |
|-------------------------------------------------|-------|

E. CLASSIFICATION & PAY

Route to Personnel Officer for final approval

| | |
|--------------------|-------|
| ANALYST SIGNATURE: | Date: |
|--------------------|-------|

F. TO BE COMPLETED BY CERTIFICATION UNIT

"TO" DEPARTMENT:

Please forward a copy of the completed form to the "FROM" department once transfer is done to expedite removal of eligible from their list.

| | | | |
|-----------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------|------|
| TO BE COMPLETED BY THE "TO" DEPARTMENT MAINTAINING THE LIST TO WHICH TRANSFER OF ELIGIBILITY IS BEING REQUESTED | | TO BE COMPLETED BY "TO" DEPARTMENT | |
| DATE TRANSFER EFFECTIVE | TRANSFER PROCESSED BY | The Department of GENERAL SERVICES | |
| TRANSFER NOT PROCESSED FOR THE FOLLOWING REASON(S): | | Concurs with the above request | |
| | | PERSONNEL OFFICER OR REPRESENTATIVE SIGNATURE | DATE |

DISTRIBUTION: ORIGINAL – "TO" DEPARTMENT COPY – "FROM" DEPARTMENT COPY – CANDIDATE COPY – CANDIDATE (PENDING)