

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
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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
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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)