

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

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 now employed by the Department of Business Oversight?  YES  NO

Division: \_\_\_\_\_ Position Number: \_\_\_\_\_

2. Current Job Classification: \_\_\_\_\_

3. Current Work Location: \_\_\_\_\_

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

**QUALIFICATION FOR LATERAL TRANSFER:** Consideration for lateral transfer is based on State Personnel Board Rules 425, 430-433, 435 and 444.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>APPLICANTS: DO NOT WRITE IN THE SPACE BELOW - FOR HUMAN RESOURCES USE ONLY</b>			
Highest A01, A20, A21, or A22 Classification:		Date Test Scheduled:	
Appointment Date:		Date Notified of Test:	
Tenure/Time-Base:		Date Tested:	
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED		<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
Verified By:		Total Score:	
		Date Score Entered:	
Signature:		Date Results Sent:	
		Scored By:	

**\*\*Privacy Statement**

Applicant's Social Security Number is required to verify civil service eligibility for the Staff Service Analyst (General) Transfer Exam, and is requested by the Department of Business Oversight's Human Resources Office, per State Personnel Board Rule 174.