

California Department of Food and Agriculture

REQUEST OF TRANSFER EXAM
STAFF SERVICES ANALYST (GENERAL)

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

ANSWER THE FOLLOWING QUESTIONS:

- 1) Are you employed by the California Department of Food and Agriculture? YES NO
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.

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR HUMAN RESOURCES USE ONLY

TRANSACTIONS

Transfer Exam eligibility for what Department:

Last or highest A01 appointment (date/class/range):

Table with 4 columns: Class Code, Title, Tenure/time base, Current Salary. A row below for Current Range.

Eligible for Transfer Not eligible to Transfer

Transfer Range Verified by: Date:

EXAMS

Date Test Scheduled: Date Notified of test:

Points: Pass Fail Scored by:

Date Score Entered: Date Results Sent: