

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 currently employed by the Department of Financial Protection and Innovation? YES NO
 Division/Office: _____ Position Number: _____
2. Current Job Classification: _____
3. Current Work Location: _____
4. Do you need an accommodation to take the examination (written test)? YES NO
(If "Yes", you will be contacted about testing arrangements.)

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

SIGNATURE: _____ **DATE:** _____

APPLICANTS: DO NOT WRITE IN THE SPACE BELOW - FOR HUMAN RESOURCES USE ONLY

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 optional. It is requested by the Department of Financial Protection and Innovation's Human Resources Office to verify civil service eligibility for the Staff Service Analyst (General) Transfer Exam, per State Personnel Board Rule 174.