

TRANSFER EXAMINATION REQUEST FORM STAFF SERVICES ANALYST (GENERAL)

Privacy Statement: This information is requested by the Department of Housing and Community Development per State Personnel Board Rule 174. Disclosure of Social Security Number is **required** to verify civil service eligibility for transfer exam. **Submit the completed form either by mail or in person to:**

**Department of Housing and Community Development
 Attn: SSA Transfer Exam**

File by Mail:
 P.O. Box 952050
 Sacramento, CA 94252-2050

File in Person:
 2020 W. El Camino Ave Suite 350
 Sacramento, CA 95833

NOTE: Do NOT submit a standard State application form STD 678.

NAME: (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER:
MAILING ADDRESS: (Number)			WORK TELEPHONE NUMBER:
(City)	(County)	(State)	(Zip Code)
			HOME TELEPHONE NUMBER:

PLEASE COMPLETE THE FOLLOWING QUESTIONS

1. Are you now employed by the Department of Housing & Community Development 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)
3. Location in which you would like to take the exam SACRAMENTO RIVERSIDE

ELIGIBILITY FOR LATERAL TRANSFER: Based on the highest, permanent appointment by examination.

CURRENT CLASSIFICATION:

APPLICANT SIGNATURE:

DATE:

APPLICANTS – DO NOT USE THE SPACE BELOW – FOR PERSONNEL USE ONLY

Highest A01 Classification:	Position Number:	Class Code:	Range (if applicable)
Title:	Appointment Date:	Tenure/Time Base:	Eligible for Transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No
PRIOR SSA LIST INQUIRY: <input type="checkbox"/> N/T <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED DATE:		<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
VERIFIED BY: (Signature)		(Print Name)	
VERIFIED BY: (Signature)		(Date)	
WRITTEN TEST DATE:	TEST SCORE:		
DATE NOTICES TO APPEAR MAILED:	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		
DATE SCORE ENTERED ON ECOS:	COMMENTS:		
DATE FINAL RESULTS MAILED:			