The Resources Agency



DEPARTMENT OF FISH AND GAME REASSIGNMENT/TRANSFER REQUEST Bargaining Unit 12

State of California



	1		
Current Classification:			
Employee Name:			Social Security Number:
(Please print)			
Current Facility:			Work Telephone Number:
•			·
Current Work			My present shift is:
Schedule			my process countries
Mr. Compart Companies in			
My Current Supervisor is:			
Supervisor's telephone number			
I am interested in changing my (check appro	priate box):		
Work Schedule to:	(Any/All)	or Specify	
Shift to:	(Any/All)	or Specify	
Assignment to:	(Any/All)	or Specify	
			(Attach additional sheets of paper if needed)
I am interested in transferring to the following location(s)			
4		2	
1	·	3	
2		4	
			(Attach additional sheets of paper if needed)
As of the date of this bid, I certify that I am a full-time permanent employee (having successfully completed my probationary period).			
Employee signature	Date		
FOR EMPLOYER COMPLETION			
The State hereby acknowledges receipt of this request. Date request received:			
Name Title		Phone Number	Date copy
			returned to employee
			- Kiekee
FG HRB 548 (Rev. 5/05)			