State of California – Department of Fish and Wildlife
HARDSHIP TRANSFER REQUEST
DFW 281 (NEW 02/25/22)

All Hardship Transfer Requests must be completed by the employee and submitted directly to the assigned Classification & Pay Analyst.

EMPLOYEE INFORMATION	
Employee Full Name:	Classification:
Work Address (Street, City, State, Zip Code):	Region/Branch/Division:
Requesting Transfer To:	Requested Date for Transfer:
Employee Signature:	**Date:**

REASON FOR REQUESTING HARDSHIP TRANSFER

☐ Physician's statement or other official record is attached
☐ Completed STD 678 State of California application is attached

TO BE COMPLETED BY HUMAN RESOURCES BRANCH – PERSONNEL SERVICES SECTION

Hardship transfer criteria met: ☐ YES ☐ NO
If no, explain:

Employee is eligible for transfer ☐ List eligible ☐ Transfer eligible ☐ MQs verified

APPROVALS

Receiving Executive Manager:
☐ Approve ☐ Deny (completed by HRB – Executive Manager written approval/denial retained in file)

Personnel Services Manager:
☐ Approve request – employee offered job on _____ ☐ Deny – denial letter sent on _____

Personnel Services Manager Signature:	**Date:**

If denied, reason for denial: