

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	
<input type="checkbox"/> Physician's statement or other official record is attached <input type="checkbox"/> Completed STD 678 State of California application is attached	
TO BE COMPLETED BY HUMAN RESOURCES BRANCH – PERSONNEL SERVICES SECTION	
Hardship transfer criteria met: <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain:	
Employee is eligible for transfer <input type="checkbox"/> List eligible <input type="checkbox"/> Transfer eligible <input type="checkbox"/> MQs verified	
APPROVALS	
Receiving Executive Manager:	
<input type="checkbox"/> Approve <input type="checkbox"/> Deny (completed by HRB – Executive Manager written approval/denial retained in file)	
Personnel Services Manager:	
<input type="checkbox"/> Approve request – employee offered job on _____ <input type="checkbox"/> Deny – denial letter sent on _____	
Personnel Services Manager Signature:	Date:
If denied, reason for denial:	