



**DEPARTMENT OF FISH AND WILDLIFE  
REQUEST FOR TRANSFER EXAM  
STAFF SERVICES ANALYST (GENERAL)**



NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number)			WORK TELEPHONE NUMBER
(City)			( )
(County)			HOME TELEPHONE NUMBER
(State)			( )
(Zip Code)			

**ANSWER THE FOLLOWING QUESTIONS:**

1. Are you now employed by the Department of Fish and Wildlife?  YES  NO

Division/Branch/Region : \_\_\_\_\_ Position Number: \_\_\_\_\_

2. Do you need reasonable accommodation to take a written test?  YES  NO  
*(If "Yes", you will be notified to make special arrangements)*

**QUALIFICATION FOR LATERAL TRANSFER:** Consideration for lateral transfer is based on the last appointment by certification or Board action.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICANTS--DO NOT USE THE SPACE BELOW--FOR HUMAN RESOURCES USE ONLY**

**TRANSACTIONS**

CLASSIFICATION OF LAST APPOINTMENT BY CERTIFICATION OR BOARD ACTION (A01)	
TRANSFER RANGE VERIFIED BY	
<input type="checkbox"/> ACCEPTED <span style="margin-left: 100px;"><input type="checkbox"/> REJECTED</span>	
Transaction Manager _____	
Exams Manager _____	

**EXAMS**

DATE TEST SCHEDULED	DATE NOTIFIED OF TEST
SCORED BY	
TOTAL POINTS	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
DATE SCORE ENTERED	DATE RESULTS SENT