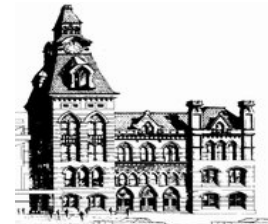


DEPARTMENT OF HUMAN RESOURCES CITY OF NEW HAVEN

200 Orange Street, New Haven, CT 06510
(203) 946-8252
(203) 946-7166 fax
www.cityofnewhaven.com



JOHN DeSTEFANO, JR.
MAYOR

EMMET P. HIBSON, JR.
DIRECTOR of
ORGANIZATIONAL DEVELOPMENT

REQUEST FOR TRANSFER FORM

Civil Service: (203) 946-6488
Personnel: (203) 946-8252
Fax: (203) 946-7166

The following information is required for the Civil Service Board to consider your transfer request. The entire form must be completed before submitting your request. Any missing information will delay the processing of your request. If your form is incomplete, it will be mailed back to you.

To ensure that your qualifications and skills are best represented, please also attach a copy of your current resume.

NAME: _____

FULL MAILING ADDRESS: _____

DAYTIME TELEPHONE: _____

CURRENT TITLE _____

CURRENT DEPARTMENT: _____

CURRENT YEARLY SALARY: _____ CURRENT BARGAINING UNIT: _____

CURRENT RANGE/STEP: _____

How long have you been in this title? _____ How long have you been employed with the City Of New Haven? _____

Have you been Transferred from the Civil Service Transfer List previously? Y _____ N _____
When? _____
From what Department? _____
Only check Yes if you have been previously transferred from a C.S. Transfer List; does not apply to transfers due to labor/union stipulation or through normal application/testing process.

DEPARTMENT OF INTEREST (PLEASE CHECK AN OPTION BELOW. You may check more than one option. If your current job title is exclusive to your current department, you should select option #2):

Option #1 _____ I would like to transfer to a vacancy for my CURRENT TITLE, which I have stated above, in ANY DEPARTMENT which currently utilizes my title.

Option #2 _____ I would like to transfer to a vacancy for a TITLE SIMILAR TO MY CURRENT POSITION in ANY DEPARTMENT.

IF THERE ARE SPECIFIC DEPARTMENTS WHICH YOU ARE NOT INTERESTED IN TRANSFERRING TO, PLEASE LIST THEM BELOW:

DATED: _____ SIGNED: _____

*****DO NOT WRITE BELOW THIS LINE*****

CSB Certification Signature

Date Certified