

DEPARTMENT OF HUMAN RESOURCES CITY OF NEW HAVEN

CIVIL SERVICE DIVISION

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



REQUEST FOR TRANSFER FORM

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:			
NOTE: IT IS THE APPLICANTS RESPONSIBILITY TO KEEP HR INFORMED OF ANY CHANGES IN CONTACT INFORMATION!	DAYTIME TELEPHONE:EMAIL ADDRESS:		
CURRENT JOB TITLE:			
CURRENT DEPARTMENT:			
CURRENT YEARLY SALARY: CURRENT BARGAINING UNIT:			GAINING UNIT:
CURRENT RANGE/STEP:			
How long have you been in this title?	How long have you be	en employed with the City	Of New Haven?
Have you been Transferred from the Civil Service Transfer List previously? Y When?			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
From what Department?			or through normal application/testing process.
Have you been removed from the Civi	il Service Transfer List previously? Y_	N	_
Option #1I would like to tra utilizes my title. Option #2I would like to tra	PLEASE CHECK AN OPTION BELOW. exclusive to your current department, you shoused inster to a vacancy for my CURRENT TITLE inster to a vacancy for a TITLE SIMILAR TO MENTS WHICH YOU ARE NOT INTEREST.	ould select option #2): E, which I have stated about O MY CURRENT POSITI	ve, in ANY DEPARTMENT which currently ION in ANY DEPARTMENT.
DATED:	SIGNED:*****DO NOT WRITE BELO	W THIS LINE****	

Date Certified