

**REQUEST FOR TRANSFER EXAM  
STAFF SERVICES ANALYST (GENERAL)**

NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number)			WORK TELEPHONE NUMBER
(Street)			( )
(City)	(County)	(State)	(Zip Code)
			E-mail Address

**ANSWER THE FOLLOWING QUESTIONS:**

1. Are you now employed by the California State Library?  YES  NO  
 Section: \_\_\_\_\_ Position Number: \_\_\_\_\_

**If no**, what Department?

2. Do you have a job offer to the SSA classification with the California State Library?  YES  NO

**If yes:** Hiring Supervisor's Name: \_\_\_\_\_ Hiring Supervisor's phone number: \_\_\_\_\_

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

**ELIGIBILITY FOR LATERAL TRANSFER:** Based on the highest, permanent appointment by examination.

**CURRENT CLASSIFICATION:**

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

**TRANSACTIONS**

Highest, permanent A01 appointment			
Class Code	Title	Tenure/Time Base	Range <i>(if applicable)</i>

Eligible for Transfer  Not Eligible to Transfer

Transfer Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**EXAM UNIT**

Date Test Scheduled: \_\_\_\_\_ Date notified of test: \_\_\_\_\_  
 Points: \_\_\_\_\_  Pass  Fail Scored By: \_\_\_\_\_  
 Date Score Entered: \_\_\_\_\_ Date Results Sent: \_\_\_\_\_

**Privacy Statement**

This information is requested by the California State Library's Examination Section per State Personnel Board Rule 174. Disclosure of Social Security Number is required to verify civil service eligibility for transfer exam.