

## STANISLAUS COUNTY REQUEST FOR TRANSFER

		-	NT; use ink or type. c. A SEPARATE re 10 10 <sup>th</sup> Street; Suite 2300, Modesto, Califor	-
1.			2. Position Applied For:	Would this be a demotion?
Name:	(Last)	(First) (Middle)	Present Classification:	
Address:	(Number)	(Street)	3. Department currently employed:	
			Division:	
	(City)	(State) (Zip Code)	4. List any relatives employed by the County	y of Stanislaus.
Home Phone Office			5. Languages spoken or written other than E	nglish:
qualifica	tions of the position		OUR CURRENT County position, account ransfer. Use additional sheets if necessary.	
From		Last Salary	Employer's Name	
	month/year	\$		
	month/year	per	Position — Part Time — Part Time —	Hours per week
Duties:		<b>'</b>	<u> </u>	
Passon fo	or Leaving:			
Reason re	n Leaving.		T	
	month/year	Last Salary		
То —		\$ per	Address	
	month/year	per	Full Time Part Time	
Duties:				
Reason fo	or Leaving:			
From	month/year	Last Salary	Employer's Name	
То —	month/year	per	AddressPosition	
	monui/year		Full Time Part Time	Hours per week
Duties:		•		
Reason fo	or Leaving:			
Date		Signature of Ap	plicant	



## STANISLAUS COUNTY REQUEST FOR TRANSFER FOR PERSONNEL DEPARTMENT USE ONLY

DATE OF REQUEST		NAME	CLASSIFICATION		
1)	To which department(s) do you wish to transfer?				
2)	Are there departments to which you do not wish to transfer?				