ULSTER COUNTY PERSONNEL DEPARTMENT
TRANSFER REQUEST FORM

NAME OF TRANSFEREE:_____

TRANSFER REQUESTED FROM:	TRANSFER REQUESTED TO:
TITLE:_____	TITLE:_____
DEPARTMENT:_____	DEPARTMENT:_____
CIVIL DIVISION:_____	CIVIL DIVISION:_____

I request the above described transfer. _____ ___/___/___
Signature of transferee Date

I consent to the above described transfer. _____ ___/___/___
Signature of appointing authority Date

I, the Personnel Officer of Ulster County, have determined that there is no preferred eligible list appropriate for filling the position to which transfer is sought containing the name of an eligible willing to accept appointment; that there is no departmental promotion list for the position to which appointment is sought containing the name of three (3) or more eligibles willing to accept appointment; that either the examinations' scopes and qualifications for the positions held an to which appointment is sought are identical, or if the scopes are not identical, that the examination for the position held involved or would involve essential tests and qualifications the same or greater than those to which transfer is sought as determined by the New York State Department of Civil Service; and that the above transfer is for the good of the service. Pursuant to Rule XVII of the Ulster County Civil Service Rules and Regulations, I approve the above described transfer, effective_____.

_____ _____
Personnel Officer Date