ULSTER COUNTY PERSONNEL DEPARTMENT TRANSFER REQUEST FORM

TRANSFER REQUESTED FROM: TITLE: DEPARTMENT: CIVIL DIVISION: I request the above described transfer. Signature of transferee 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 the position to which transfer is sought containing the name of an eligible willing to accept appointment; that is no departmental promotion list for the position to which appointment is sought containing the name of the or more eligibles willing to accept appointment; that either the examinations' scopes and qualifications fe positions held an to which appointment is sought are identical, or if the scopes are not identical, that the exami for the position held involved or would involve essential tests and qualifications the same or greater than the which transfer is sought as determined by the New York State Department of Civil Service; and that the transfer is for the good of the service. Pursuant to Rule XVII of the Ulster County Civil Service Rule Regulations, I approve the above described transfer, effective	NAME OF TRANSFEREE:			
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