



DCF/1199 Lateral Transfer Request Form

This form should be used only by P-1 and NP-6 DCF employees seeking a lateral transfer within DCF.

DCF employees seeking consideration for a promotional opportunity must complete a State Application for Examination or Employment (CT-HR-12) and submit along with your last two (2) Performance Evaluations. Individuals not employed by DCF who are seeking consideration for an employment opportunity must also complete the State Application for Examination or Employment Application (CT-HR-12).

This form must be received by the closing date on the posting.

Position Applying For	Posting #(s)	Closing Date
Location	Shift	Circle One F/T P/T W/E Only
Within the last twelve (12) months, have you accepted a lateral transfer that changed your shift or location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the transfer:		
Name		Employee #
Home Address		
Contact #(s) (include area code) Work ()	Home ()	Cell ()
Present Location	Present Unit/Cottage/Other	Present Shift
Present # of Hours worked per week:	Present Status (Circle One) F/T P/T W/E Only	

I certify that the statements made by me on this form are true and complete to the best of my knowledge and are made in good faith.

Employee Signature	Date
--------------------	------

Employment Services Division USE ONLY

Seniority ____Y - ____M - ____D	As of: / /	HR Initials
------------------------------------	--------------------	-------------

Please fax/send completed form to the Human Resources contact listed on the posting.

Revised 4/11

DCF Postings, Employment Application and this form can be found on the DCF Human Resources Intranet site.
