

CALIFORNIA STUDENT AID COMMISSION  
 REQUEST FOR TRANSFER EXAM  
 STAFF SERVICES ANALYST (GENERAL)  
 HR FM-35 (01.16)

**TO BE COMPLETED BY APPLICANT**

LAST NAME:	FIRST NAME:	M.I.	SOCIAL SECURITY NUMBER**
MAILING ADDRESS		COUNTY	WORK TELEPHONE NUMBER
CITY	STATE	ZIP CODE	HOME TELEPHONE NUMBER

**ANSWER THE FOLLOWING QUESTIONS:**

Are you currently employed by the CA Student Aid Commission?  YES  NO

DIVISION/UNIT	CURRENT CLASSIFICATION
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Do you need reasonable accommodation to take a written test?  
*(If "Yes", you will be notified to make special arrangements)*  YES  NO

Employee Certification:  
**I certify that the information I have provided is true and complete to the best of my knowledge.**

Employee's Signature:	Date:
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<p><b>FILE BY MAIL</b>          CA Student Aid Commission          Personnel Office          P.O. Box 3210          Rancho Cordova, CA 95741-3210</p>	<p><b>FILE IN PERSON</b>          CA Student Aid Commission          Personnel Office          11040 White Rock Road          Rancho Cordova, CA 95670</p>
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**TO BE COMPLETED BY THE PERSONNEL OFFICE**

**APPOINTMENT INFORMATION**

Highest A01, A20, A21, or A22 Classification/Class Code:	Appointment Date:	Time-Base/Tenure:
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The Applicant is eligible to transfer to the SSA (G) classification:  YES  NO

If No, Why?	Date Rejection Letter Sent:
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Verified By:	Title:	Date:
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**TESTING INFORMATION**

Date Test Scheduled:	Date Notified of Test::	Date Tested:
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Total Score:	Scored By:	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
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Date Score Entered:	Date Results Sent:
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**\*\*PRIVACY STATEMENT**

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