



# CITY OF PAWTUCKET

Division of Human Resources

## Local 3960

### EMPLOYEE REQUEST FOR POSITION TRANSFER

**\*\*\*Form MUST be filled out completely\*\*\***

Name:

Address:

City, State & Zip Code:

Tel. #:

DOH:

Present Job Title and Division:

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### Position I wish to be transferred to:

Job Title:	Division:
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**Copies of any licenses, certificates, degrees, etc. required for this position MUST be attached at time of application.**

**I have reviewed the Job Description and understand the requirements for this position, furthermore, I understand that I may be required to successfully pass a competitive examination and/or Oral Board prior to a permanent transfer.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_