



Orleans County Civil Service
14016 Route 31 West
Albion, NY 14411

TRANSFER FORM

The undersigned respectfully requests approval of the transfer of _____
whose address is _____ NY, _____

From: The position of _____, in the _____,
(Civil Service Title) (department)
in the _____ at the salary of _____ per _____.
(originating governmental jurisdiction)

(signature of Appointing Authority)

(title) (date)

To: The position of _____, in the _____,
(Civil Service Title) (department)
in the _____ at the salary of _____ per _____.
(intended governmental jurisdiction)

The transfer is to take effect _____.
(date)

(signature of immediate supervisor)

(title) (date)

The appointing officer of the latter department does hereby certify that there exists a vacancy under the above specified title and salary, which the person will fill by transfer.

(signature of Appointing Authority)

(title) (date)

I, _____, consent to the transfer as described. _____
(print) (signature of transferred person)

(date)

The following documents are required:

Completed Application

Copy of Roster card showing original appointment

Copy of most current Examination Announcement (Open Competitive or Actual Promotional Examination Announcement) for position

ACCEPT: _____ REJECT: _____

by the Orleans County Civil Service Personnel Officer _____

(signature of Personnel Officer) (date)