Human Resources Division
Civil Service Unit
100 Cambridge St. Suite 600
Boston, MA 02114

Telephone: (617) 878-9700
Toll Free within MA: 1-800-392-6178
TDD: (617) 727-7583
Email: civilservice@mass.gov

REQUEST FOR TRANSFER **HUMAN RESOURCES DIVISION**
FORM 9-10M 6/2002

To be filled out in duplicate and all forms sent to the Human Resources Division. Do not use this form for change in classification to a position in a higher grade or for a position having substantially dissimilar requirements for appointment. A request for transfer from Official to Labor Service must be accompanied by a statement containing promotional bulletin posting information as required by G.L. Ch. 31, §29 and, in addition, it must be stated that the person selected is the best qualified of those applying (G.L. Ch. 31, §36).

Address:_____
City/Town:_____
Date:_____

Request is made for approval of the permanent or temporary transfer of: ☐Permanent ☐Temporary

Name:_____ SSN:_____ Effective date:_____

PRESENT PERMANENT POSITION
Department:_____
Division:_____
Title:_____
☐FT ☐PT ☐Intermittent ☐Reserve
Duties (*Actual* duties must be stated in detail. Continue on other side of form if necessary.)

POSITION TO WHICH TRANSFER IS PROPOSED
Department:_____
Division:_____
Title:_____
☐FT ☐PT ☐Intermittent ☐Reserve
Duties (*Actual* duties must be stated in detail. Continue on other side of form if necessary.)

If temporary, state why and period for which transfer is requested:
☐Voluntary ☐Involuntary

Reason why this transfer is for the public good: _____

Signature of officer authorized by law to make appointments (in department requesting transfer): _____
Title: _____
I hereby consent to the transfer of
Signature of officer authorized by law to make appointments
(in department in which employee has permanent status): _____
Title: _____

I consent to this transfer. I understand that my seniority is not affected by a temporary or involuntary transfer but is affected by a voluntary permanent transfer from a position in one department to a position in another department.

Signature of Employee:_____