

OREGON DEPARTMENT OF TRANSPORTATION
2775 19TH STREET SE
SALEM OR 97302

TRANSPORTATION MAINTENANCE TRANSFER REQUEST FORM

TO:	Recruitment Specialist	FROM:	_____
COMPANY:	ODOT	DATE:	_____
FAX NUMBER:	503 378-8957	TOTAL NO. OF PAGES INCLUDING COVER (IF FAXING):	_____
PHONE NUMBER:	503-378-6202	SENDER'S PHONE NUMBER:	_____-_____-_____
RE:	Agency Transfer Request* * Include a completed copy of a Skill code sheet to this request!	SENDER'S FAX NUMBER:	_____-_____-_____

YOUR INFORMATION:

FULL NAME (first, middle, last):

SSN# (or EIN #): _____

Current home address (Street/PO Box/City, State, Zip):

Home Phone: _____-_____-_____ Work phone: _____-_____-_____

Current Classification _____

- Please add my name to the Agency Transfer List for:
Check one: TMS1 TMS2 TMC1 TMC2 TMM
- For the following locations:

(Please list location names and **codes** for the locations you would like to be considered for.)

To be eligible for an Agency Transfer you can either be/or have been at the same classification you are requesting to be considered for; **OR** be at the same Salary Range or above and meet the minimum qualifications for the classification for which you are requesting a Transfer to.

For those employees who will be required to use a vehicle to conduct business; you must have a valid driver's license and a good driving record.

I currently am, or have been a _____ (classification name).

Signature

Date