DMHAS
Department of Mental Health and Addiction Services

Connecticut

DMHAS Lateral Transfer Request Form
PLEASE SUBMIT TO THE FACILITY LISTED ON JOB POSTING

This form should be used ONLY BY DMHAS employees seeking a lateral transfer (DMHAS employee's current title MUST BE SAME as classification/title posted) within DMHAS OR:

DMHAS employees who are promotional candidates must submit pages 1-7 of the State of Connecticut Application for Examination and Employment (CT-HR-12).   The position number must be noted at the bottom of Page One of the State of Connecticut Application (CT-HR-12).

Individuals not employed by DMHAS who are seeking consideration for an employment opportunity at DMHAS must complete, in its entirety, a State Employment Application for Examination and Employment (CT-HR-12). Resumes and Curriculum Vitae can be provided as supplemental information but will only be accepted if attached to a fully completed application.

DMHAS Employment Services - I am applying to the following lateral transfer opportunity:

Position Apply for/Classification:	Position Number

Facility	Shift/Schedule/Rotation	Division/Unit

Within the last twelve (12) months, have you accepted a lateral transfer that changed your shift or location? ☐yes ☐no   If yes, describe the transfer:

Detailed on the posting are special requirements for this position. I have the following special requirements : _____
_____
_____

☐bilingual – Languages: _____

Name	Employee #

Street Address	Town	Zip Code

Work Telephone # (include area code)	Home Telephone # (include area code)	Cell # (include area code)

Present Facility	Division/Unit

Present State Job Title	Present Shift	Present Hours (e.g.35,37.5,40)

Name Immediate Supervisor	Telephone # (include area code)

I certify that the statements made by me on this form are true and complete to the best of my knowledge and are made in good faith.

Employee Signature	Date

Employment Services USE ONLY

Seniority: _____/_____/_____   As of: _____   Representative Initials_____
　　　　　Yrs   Mos. Days

SS#: _____