



TRANSFER REQUEST FORM

Date: _____

Social Security Number: _____

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____

Current Classification (please include level and option):

Area(s) of availability (City/County):

- 00 – Any area of the State 10 – (Garrett - 11, Allegany -12, Washington -13)
- 20 – (Frederick – 21, Carroll – 22, Montgomery – 23)
- 30 – (Baltimore City – 31, Baltimore County – 32, Howard -33)
- 40 – (Harford – 41, Cecil – 42, Kent -43)
- 50 – (Prince George’s – 51, Charles – 52, Calvert -53, St.Mary’s – 54)
- 60 – (Anne Arundel – 61, Queen Anne’s – 62, Talbot – 63, Caroline – 64)
- 70 – (Dorchester – 71, Wicomico – 72, Somerset – 73, Worcester – 74)

MAIL FORM TO:
Department of Budget and Management
Office of Personnel Services and Benefits
301 West Preston Street – Room 608
Baltimore, MD 21201

OR EMAIL FORM TO:
sbethea@dbm.state.md.us

OR FAX TO: (410) 333-7674