

TRANSFER REQUEST FORM

Name _____

Check One (Select from List)

 (Select from List)

Current Park _____ Contact Phone Number _____

Per Article 31.01 of the FOP Contract, I am interested in accepting a voluntary transfer to the following park(s) should an opportunity exist. I fully understand that since this is a voluntary transfer for my personal benefit, I will not be reimbursed for moving or relocation expenses.

List in Priority, (be specific – park names only)

Selection Order	Name of Park (please print)
1 st choice	
2 nd choice	
3 rd choice	
4 th choice	
5 th choice	
6 th choice	
7 th choice	
8 th choice	

Signature

Date

Submit request to:

Division of Parks and Recreation
Attn: Rebecca Stephens
2045 Morse Rd. Bldg. C-3
Columbus, OH 43229-6693
Fax 614-265-7202
Email: rebecca.stephens@dnr.state.oh.us