



# Department of Public Safety & Correctional Services Voluntary Transfer Request Form

FIRST NAME: (Print)

TODAY'S DATE:

LAST NAME (Print):

EOD DATE:

CLASSIFICATION (Title):

WORKDAY #:

CURRENT FACILITY:

HOW LONG AT PRESENT  
FACILITY: (Yrs./Mos.)

CURRENT SHIFT:

DATE OF LAST TRANSFER:

REQUESTED FACILITY(IES):

SHIFT REQUEST:

Please Note: Your eligibility to transfer will be confirmed. If eligible, your name will be placed on the transfer list. Transfer selections are based on seniority. No shift is guaranteed.

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To Be Completed By Administration

DATE RECEIVED AND BY:

ELIGIBLE – DATE PLACED ON LIST:

INELIGIBLE – REASON:

REMARKS:

DEPUTY COMMISSIONER/ DESIGNEE SIGNATURE

DATE

Interested staff shall submit a Voluntary Transfer Request Form to:

The employee's respective Appointing Authority; and  
[correctionalofficer.transfers@maryland.gov](mailto:correctionalofficer.transfers@maryland.gov) or  
[dpds.employee-transferrequests@maryland.gov](mailto:dpds.employee-transferrequests@maryland.gov)