

SUPER SROA WORKSHEET - Bargaining Unit 9

TO: SUPER SROA EMPLOYEE

It is the California Department of Human Resources (CalHR) policy to do everything possible to assist you in finding employment within your bargaining unit (BU) and your geographic/work location (county) as well as any county that touches your geographic/work location (county). You have been placed in the State Restriction of Appointments (SROA) program for your current class. However, there may be other classes within your BU that you may be interested in and meet the required licenses or credentials and are eligible to transfer. Following are two links that will assist you to identify those classes. The 1st link is a listing of classes in your BU. The 2nd link can be used to search and review the class specifications minimum qualifications for the classes you may be interested in.

[BU 9 Classes](#)

[Class Specifications](#)

Once you have identified the classes you are interested in, list the classes in the space provided below. Send a copy of this worksheet to your department Human Resources (HR) contact. The department HR contact will review this form and contact you to discuss your eligibility for the classes listed.

NOTE: The department filling the job vacancy will have final verification of your eligibility to transfer to the vacant position. Please keep a copy of this form to assist you in applying for future job vacancies.

EMPLOYEE INFORMATION					
Name:					
Department Name:					
Work Phone:			Email Address:		
Current Class:				Salary (min/max):	
Work Location (County):					
ELIGIBLE CLASSES					
	Class Title	Class Code	Are There Required Licenses/Credentials for the Class? (Yes or No)	Do You Possess the Required Licenses/Credentials for the Class? (Yes or No)	Salary (min/max)
1					
2					
3					
4					
5					

Following is the Vacancy Search (VPOS) link which you may use to locate job vacancies.

<http://www.calhr.ca.gov/Pages/calhr-jobs.aspx>

You must follow the directions in the job bulletin for applying for the position and submit all required documents.

EMPLOYEE SIGNATURE	
Employee Name:	Date:
DEPARTMENT CONTACT INFORMATION	
Department Contact Reviewer Name:	Review Date:
Work Phone:	Email Address: