

1. NAME	2. GRADE	3. POSITION
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4. DUTY STATION

5. WOULD YOU BE INTERESTED IN ADDITIONAL PROFESSIONAL EDUCATION *(Check one)*
 NO YES *(Specify type)*

6. AVAILABLE INFORMATION *(Check appropriate box)*

A. I WILL CONSIDER OFFERS OF **PROMOTION**

IN A DIFFERENT LOCATION *(As indicated on reverse side)*

ONLY IN PRESENT LOCATION

B. I AM INTERESTED IN RECEIVING CONSIDERATION FOR **ASSIGNMENT AT MY PRESENT GRADE** TO POSITIONS FOR WHICH I AM QUALIFIED INVOLVING WORK OF A TYPE SUCH AS *(Specify)*:

IN A DIFFERENT LOCATION *(As indicated on reverse side)*

ONLY IN PRESENT LOCATION

C. I WOULD **PREFER NOT TO** BE CONSIDERED FOR A CHANGE IN ASSIGNMENT OR LOCATION AT THIS TIME BECAUSE *(Indicate reason)*: _____

D. I AM **UNABLE** TO ACCEPT ASSIGNMENT IN ANOTHER LOCATION

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D. I AM **UNABLE** TO ACCEPT ASSIGNMENT IN ANOTHER LOCATION

7. LIST PUBLICATIONS AND/ OR HONORARY AWARDS

8. INDICATE BY NUMBER IN ORDER OF PREFERENCE, THE AREA AND/OR SPECIFIC FACILITY TO WHICH YOU WOULD CONSIDER A TRANSFER. **ANSWER ONLY IF YOU WISH TO BE CONSIDERED FOR TRANSFER.**

1. _____ (Area)	_____ (Specific facility)
2. _____ (Area)	_____ (Specific facility)
3. _____ (Area)	_____ (Specific facility)

9. BRIEF STATEMENT (One or two sentences) OF EVALUATION OF EMPLOYEE (To be completed by the Director of Nursing, Supervising Public Health Nurse or Area Officer):

SIGNATURE: _____

10. DATE SUBMITTED

11. SIGNATURE OF EMPLOYEE

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