

Leaves, Separations and Transfers Form

Transaction Codes: 04, 05, 06, 09, 10, 11

***EMPLOYEE ID** ***JOB NO.** ***EFFECTIVE DATE**

MM/DD/YYYY

EMPLOYEE'S CURRENT INFORMATION:

***First Name** **MI** ***Last Name** **Suffix**

***Jurisdiction Code** ***Jurisdiction Name** ***Jurisdiction Department**

***Title Code** ***Title Name**

LEAVE / SEPARATION / TRANSFER ACTION

***Transaction Code** ***Request Reason Code**

Receiving Jurisdiction Code **Receiving Department**

Start Date **End Date** **Half Day Code**

Extended Leave Y/N **With Pay Y/N** **Aggregate No. of Leave Days** **Resigned Perm. Status Y/N** **Signature Sent Y/N**

Comments

AUTHORIZING SIGNATURES:

Employee: Required for voluntary transfers.

SIGNATURE OF EMPLOYEE: _____ DATE: _____

The Appointing Authority takes responsibility for informing the employee and accepts responsibility for the accuracy of this request. Signature of Appointing Authority is required if submitted by US mail; courier or facsimile. Signature is not required if form is submitted electronically.

Appointing Authority: I certify that the action requested conforms to Civil Service Commission Rules and Regulations. This request has been made in accordance with legal requirements.

SIGNATURE OF AA: _____ DATE: _____ TITLE: _____

FOR APPOINTING AUTHORITY USE: _____ _____

SUBMIT FORM* TO: CAMPS.Forms@CSC.state.nj.us or the NJ Civil Service Commission; CAMPS Forms, PO Box 354 Trenton, NJ, 08625-0354