

**New Hire and Intergovernmental Transfer Form**

\*JURISDICTION CODE

\*EFFECTIVE DATE

Transaction Codes: 02, IT



MM/DD/YYYY

**EMPLOYEE INFORMATION:**

\*Soc. Sec. Number

 -  -    

\*First Name

MI

\*Last Name

Suffix

\*Home Address

\*Street1

Street2

\*City

\*ST

\*Zip

Employee ID

Job No.

CAMPS Generated Codes – Enter only if known

\*EEO Ethnic

Code

Educ. Code

Email Address

\*Date of Birth

\*Gender

\*US Citizen Y/N

Immigration Number

Driver's License Number

State of Issue

\*Residency Code

Comments

**APPOINTMENT INFORMATION:**

\* Transaction Code

\*Appt. Type

\*Title Code

\*Title Name

\*Jurisdiction Name

\*Jurisdiction Department

License Code

\*Comp. Method

Part Time %

\*Essential Emp. Y/N

\*Salary Range Minimum

\*Salary Range Maximum

\*Base Salary

Extra Salary

Max. Appt. Duration

Interim Replaced Emp. ID

IA Thru Date

\* Work Week

WTP Start Date

Certification No.

Exam Symbol No.

Special Legislation Citation

Canvassed List Y/N

Comments

**AUTHORIZING SIGNATURES:**

The Appointing Authority takes responsibility for informing the employee and accepts responsibility for the accuracy of this request.

**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:  \_\_\_\_\_  \_\_\_\_\_