

**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](mailto:CAMPS.Forms@CSC.state.nj.us) or the NJ Civil Service Commission; CAMPS Forms, PO Box 319 Trenton, NJ, 08625-0319