

**State of New Jersey Civil Service Commission  
Division of Human Resource Information Services- Intergovernmental Services Unit  
P.O. Box 319, Trenton, New Jersey 08625-0319**

**INTERGOVERNMENTAL TRANSFER AGREEMENT**

All rules, regulations, policies and procedures effective at the date on which this agreement is signed apply.

Intergovernmental transfers are subject to approval by the Civil Service Commission prior to the effective date of the transfer.

This document is a consensual, voluntary transfer agreement by the sending jurisdiction, the receiving jurisdiction, and the employee and contains the conditions by which:

\_\_\_\_\_, \_\_\_\_\_  
Transferee Name Present Permanent Title

Requests a transfer from: \_\_\_\_\_  
Sending Jurisdiction Jurisdiction Code

To: \_\_\_\_\_  
Receiving Jurisdiction Jurisdiction Code

**EMPLOYEE AGREEMENT**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Signature of Employee Social Security Number Date

Pension system of which you are an active member:  PERS  PFRS  OTHER Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

A Waiver of all accumulated seniority and/or sick leave shall be afforded to those in Law Enforcement titles. Please see the attached waiver. Providing your social security number is voluntary. It will be used only to keep records for this program, which is established by N.J.A.C. 4A:4-7.1A.

**SENDING JURISDICTION AGREEMENT**  
(TO BE COMPLETED ONLY BY THE APPOINTING AUTHORITY)

Transferees shall retain accumulated seniority rights and sick leave, except for those transferring in the title of Firefighter or those in Law Enforcement titles who have signed the attached waiver. Vacation leave balances will not be carried forward by the transferee. The transferee will be paid, on a pro-rated basis, for vacation time earned prior to the effective date of transfer.

**CONTACT INFORMATION (Please Print):**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_, \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
**CITY / STATE / ZIP TELEPHONE**

\_\_\_\_\_, \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
**EMAIL ADDRESS FAX**

As the Sending Jurisdiction's authorized signing authority, I by approving and signing below, hereby certify to the receiving jurisdiction and the Civil Service Commission that no supplemental compensation for accumulated sick leave has or will be paid to the transferee.

This transfer has been  **Approved** Requested Termination Date: \_\_\_\_\_

**Appointing Authority** (Authorized Name and Signature of Authority as listed with CSC):

\_\_\_\_\_, \_\_\_\_\_  
**Authorized AA Name Title**

\_\_\_\_\_, \_\_\_\_\_  
**Signature of Approval Date**

# RECEIVING JURISDICTION AGREEMENT

(TO BE COMPLETED ONLY BY THE APPOINTING AUTHORITY)

1. This intergovernmental transfer agreement in addition to all documents required to effectuate the transfer must be received by CSC at least seven (7) days prior to the effective date of the transfer.
2. Employees shall retain all accumulated seniority rights and sick time, **except for those transferring in the title of Firefighter**. A Waiver of such rights shall be afforded to those in Law Enforcement titles and must be agreed upon with written consent from the receiving authority, the affected employee, and the Civil Service Commission. A signed Law Enforcement Waiver  **is**  **is not** attached.
3. Vacation leave balances, administrative, personal or other types of leave will not be carried forward by the transferee. The transferee will be paid, on a pro-rated basis, for vacation time earned prior to the transfer.
4. Continuation of payments into the New Jersey Department of the Treasury, Division of Pensions and Benefits Retirement System, without interruption, is mandatory.
5. Is the transferee transferring to a title that has been designated to the Police and Fire Retirement System?  YES  NO
6. If you answered yes above, has it been verified that the transferee meets the eligibility requirements set forth in *N.J.S.A. 40A:14-127* for enrollment into the Police and Fire Retirement System?  YES  NO
7. The transferee will receive a health benefits package pursuant to the jurisdiction policy.
8. The affected union has been informed of this transfer by the receiving jurisdiction.
9. The requested title is: \_\_\_\_\_; to be compensated at \$ \_\_\_\_\_ annually.
10. If there is an existing residency ordinance, a waiver of residency requirements has been approved for this transferee.

## CONTACT INFORMATION (Please Print):

### ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
FAX

This transfer has been  **Approved** **Proposed Effective Date:** \_\_\_\_\_.

**Appointing Authority** (Authorized Name and Signature of Authority as listed with CSC):

\_\_\_\_\_  
**Authorized AA Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature of Approval**

\_\_\_\_\_  
**Date**

## NEW JERSEY CIVIL SERVICE COMMISSION AUTHORIZATION OF INTERGOVERNMENTAL TRANSFER

1. This individual, having met all the conditions for an Intergovernmental Transfer, is granted a change to the following:  
title: \_\_\_\_\_ title code: \_\_\_\_\_ from the title code of: \_\_\_\_\_.
2. A Law Enforcement Waiver for the following is attached:  Waiver of all accumulated seniority  Waiver of all accrued sick leave
3. The appointment type for this Intergovernmental Transfer is: \_\_\_\_\_.
4. A Working Test Period (WTP):  WILL  WILL NOT be necessary.
5. Conditions/Comments: \_\_\_\_\_.

**This transfer has been:**  **APPROVED**  **DISAPPROVED**

\_\_\_\_\_  
**CSC Authorized Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**State of New Jersey Civil Service Commission**  
**Division of Human Resource Information Services - Intergovernmental Services Unit**  
**P.O. Box 319, Trenton, New Jersey 08625-0319**  
**INTERGOVERNMENTAL TRANSFER WAIVER OF RIGHTS**  
**Law Enforcement Waiver Requests**  
**(Request to Waive All Accumulated Seniority and/or Sick Leave)**

I \_\_\_\_\_ hereby request to waive the following rights:  
Transferee Name

**SENIORITY WAIVER**

Employees seeking intergovernmental transfers in Law Enforcement titles shall be granted the option to waive retention of rights to **all accumulated seniority**. By authorized signature of transferee below, a waiver has been requested:

I request to waive my rights to all accumulated seniority and authorize the Civil Service Commission to facilitate an intergovernmental transfer as specified in the attached Intergovernmental Transfer Agreement (DPF-721).

Transferee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SICK LEAVE WAIVER**

Employees seeking intergovernmental transfers in Law Enforcement titles shall be granted the option to waive retention of rights to **all accrued sick leave**. By authorized signature of transferee below, a waiver has been requested:

I request to waive my rights to all accrued sick leave and authorize the Civil Service Commission to facilitate an intergovernmental transfer as specified in the attached Intergovernmental Transfer Agreement (DPF-721). By signing this waiver, I further acknowledge that no supplemental compensation for accrued sick leave has or will be paid to me.

Transferee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIVING AGENCY ACKNOWLEDGEMENT OF WAIVER**

As the Receiving Agency's authorized signing authority, I \_\_\_\_\_ by signing below, acknowledge such waiver signed by the above named transferee and certify that accumulated seniority and/or sick leave will not be retained after effectuation of the intergovernmental transfer.

Appointing Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW JERSEY CIVIL SERVICE COMMISSION**  
**AUTHORIZATION OF SENIORITY AND/OR SICK LEAVE WAIVER**

A Seniority and/or Sick Leave Waiver have been signed by the transferee. The Receiving Agency's authorized signing authority has acknowledged such waiver and certified the employee's accumulated seniority and sick leave will not be retained after effectuation of the intergovernmental transfer. The Sending Agency's authorized signing authority has certified that no supplemental compensation has or will be paid to the employee.

\_\_\_\_\_  
CSC Authorized Signature Title Date