# 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:    X _____        X _____

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

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