

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 <input type="text"/>	Job No. <input type="text"/>
CAMPS Generated Codes – Enter only if known	

Email Address *Date of Birth *Gender *EEO Ethnic Code Educ. Code

*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 Hours 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: _____ _____

SUBMIT TO: NJ Civil Service Commission; CAMPS Forms, PO Box 354, Trenton, NJ, 08625-0354