

**Static Job Information Change Form**

Transaction Code: 12

**\*EMPLOYEE ID**  **\*JOB NO.**  **\*EFFECTIVE DATE**   
MM/DD/YYYY

**\*First Name**  **MI**  **\*Last Name**  **Suffix**

**\*Jurisdiction Name**

**CURRENT JOB INFORMATION:**

*Enter only the current information that is to be changed*

**NEW JOB INFORMATION:**

*Enter only the information that is to be corrected*

**Perm. Title Code**  **Permanent Title Name**

**Perm. Title Code**  **Permanent Title Name**

**Hire Date**  **Permanent Appt. Date**

**Hire Date**  **Permanent Appt. Date**

**Perm. Service Entry Date**  **Appt. Date**  **Working Test Start Date**

**Perm. Service Entry Date**  **Appt. Date**  **Working Test Start Date**

**Interim Thru Date**  **Interim Replaced ID**

**Interim Thru Date**  **Interim Replaced ID**

**Work Week Hours**  **License Code**  **Essential Emp. Y/N**

**Work Week Hours**  **License Code**  **Essential Emp. Y/N**

**Grade**  **Local Employee ID**  **Union Code**

**Grade**  **Local Employee ID**  **Union Code**

**Comments**

**AUTHORIZING SIGNATURES:**

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 Merit System Rules and Regulations. This request has been made in accordance with legal requirements.

SIGNATURE OF AA: \_\_\_\_\_ DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

FOR APPOINTING AUTHORITY USE:  \_\_\_\_\_  \_\_\_\_\_

**SUBMIT TO:** [CAMPS.Forms@DOP.state.nj.us](mailto:CAMPS.Forms@DOP.state.nj.us) or the NJ Department of Personnel; CAMPS Forms, PO Box 354 Trenton, NJ, 08625-0354