

**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 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 FORM\* 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