

**New Hire and Intergovernmental Transfer Form**

Transaction Codes: 02, IT

**\*JURISDICTION CODE**

**\*EFFECTIVE DATE**

MM/DD/YYYY

**EMPLOYEE INFORMATION:**

\*Soc. Sec. Number  -  -   
 \*First Name  MI  \*Last Name  Suffix

\*Home Address  
 \*Street1   
 Street2   
 \*City  \*ST  \*Zip

Employee ID  Job No.   
 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  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 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:** NJ Department of Personnel; CAMPS Forms, PO Box 354, Trenton, NJ, 08625-0354