

Personnel Action Form

Transaction Codes: 03, 07, 08, 17, 19, 91 94, CM

*EMPLOYEE ID	*JOB NO.	*EFFECTIVE DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<small>MM/DD/YYYY</small>

EMPLOYEE'S CURRENT INFORMATION:

*First Name	MI	*Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Jurisdiction Code	*Jurisdiction Name		*Jurisdiction Department
<input type="text"/>	<input type="text"/>		<input type="text"/>
*Title Code	*Title Name		
<input type="text"/>	<input type="text"/>		

PERSONNEL ACTION INFORMATION:

*Transaction Code	Request Reason Code	*Appointment Type	WTP Start Date	Qualifying Exam Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Certification No.	Exam Symbol No.	N.J.A.C. Date	Special Legislation Citation	Canvassed List Y/N		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*Title Code	*Title Name	License Code	Work Week Hrs.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
*Salary Range Minimum	*Salary Range Maximum	*Base Salary	Extra Salary or Pay Amount	*Comp. Method	DPF-31B Sent Y/N	Signature Sent Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part Time %	Appt. Duration	Interim Replaced Emp. ID	IA Thru Date	* Essential Emp. Y/N		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Comments

AUTHORIZING SIGNATURES:

Employee: Required for voluntary demotions.

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 TO: CAMPS.Forms@DOP.state.nj.us or the NJ Department of Personnel; CAMPS Forms, PO Box 354 Trenton, NJ, 08625-0354