

RECEIVING JURISDICTION AGREEMENT

(TO BE COMPLETED ONLY BY THE APPOINTING AUTHORITY)

1. This intergovernmental transfer agreement in addition to all documents required to effectuate the transfer must be received by DOP at least seven (7) days prior to the effective date of the transfer.
2. Employees shall retain all accumulated seniority rights and sick time, **except for those transferring in the title of Firefighter**. A Waiver of such rights shall be afforded to those in Law Enforcement titles and must be agreed upon with written consent from the receiving authority, the affected employee, and the Department of Personnel. A signed Law Enforcement Waiver **is** **is not** attached.
3. Vacation leave balances, administrative, personal or other types of leave will not be carried forward by the transferee. The transferee will be paid, on a pro-rated basis, for vacation time earned prior to the transfer.
4. Continuation of payments into the New Jersey Department of the Treasury, Division of Pensions and Benefits Retirement System, without interruption, is mandatory.
5. Is the transferee transferring to a title that has been designated to the Police and Fire Retirement System? YES NO
6. If you answered yes above, has it been verified that the transferee meets the eligibility requirements set forth in N.J.S.A 40A:14-127 for enrollment into the Police and Fire Retirement System? YES NO
7. The transferee will receive a health benefits package pursuant to the jurisdiction policy.
8. The affected union has been informed of this transfer by the receiving jurisdiction.
9. The requested title is: _____; to be compensated at \$ _____ annually.
10. If there is an existing residency ordinance, a waiver of residency requirements has been approved for this transferee.

CONTACT INFORMATION (Please Print):

ADDRESS

CITY / STATE / ZIP

TELEPHONE

EMAIL ADDRESS

FAX

This transfer has been **Approved** **Proposed Effective Date:** _____

Appointing Authority (Authorized Name and Signature of Authority as listed with DOP):

Authorized AA Name

Title

Signature of Approval

Date

NEW JERSEY DEPARTMENT OF PERSONNEL AUTHORIZATION OF INTERGOVERNMENTAL TRANSFER

1. This individual, having met all the conditions for an Intergovernmental Transfer, is granted a change to the following:
title: _____ title code: _____ from the title code of: _____.
2. A Law Enforcement Waiver for the following is attached: Waiver of all accumulated seniority Waiver of all accrued sick leave
3. The appointment type for this Intergovernmental Transfer is: _____.
4. A Working Test Period (WTP): WILL WILL NOT be necessary.
5. Conditions/Comments: _____.

This transfer has been: **APPROVED** **DISAPPROVED**

DOP Authorized Signature

Title

Date

New Jersey State Department of Personnel
State & Local Government Operations - Statewide Initiatives and Intergovernmental Services
P.O. Box 313, Trenton, New Jersey 08625-0313

INTERGOVERNMENTAL TRANSFER WAIVER OF RIGHTS
Law Enforcement Waiver Requests
(Request to Waive All Accumulated Seniority and/or Sick Leave)

I _____ hereby request to waive the following rights:
Transferee Name

SENIORITY WAIVER

Employees seeking intergovernmental transfers in Law Enforcement titles shall be granted the option to waive retention of rights to **all accumulated seniority**. By authorized signature of transferee below, a waiver has been requested:

I request to waive my rights to all accumulated seniority and authorize the Department of Personnel to facilitate an intergovernmental transfer as specified in the attached Intergovernmental Transfer Agreement (DPF-721).

Transferee's Signature: _____ Date: _____

SICK LEAVE WAIVER

Employees seeking intergovernmental transfers in Law Enforcement titles shall be granted the option to waive retention of rights to **all accrued sick leave**. By authorized signature of transferee below, a waiver has been requested:

I request to waive my rights to all accrued sick leave and authorize the Department of Personnel to facilitate an intergovernmental transfer as specified in the attached Intergovernmental Transfer Agreement (DPF-721). By signing this waiver, I further acknowledge that no supplemental compensation for accrued sick leave has or will be paid to me.

Transferee's Signature: _____ Date: _____

RECEIVING AGENCY ACKNOWLEDGEMENT OF WAIVER

As the Receiving Agency's authorized signing authority, I _____ by signing below, acknowledge such waiver signed by the above named transferee and certify that accumulated seniority and/or sick leave will not be retained after effectuation of the intergovernmental transfer.

Appointing Authority Signature: _____ Date: _____

NEW JERSEY DEPARTMENT OF PERSONNEL
AUTHORIZATION OF SENIORITY AND/OR SICK LEAVE WAIVER

A Seniority and/or Sick Leave Waiver have been signed by the transferee. The Receiving Agency's authorized signing authority has acknowledged such waiver and certified the employee's accumulated seniority and sick leave will not be retained after effectuation of the intergovernmental transfer. The Sending Agency's authorized signing authority has certified that no supplemental compensation has or will be paid to the employee.

DOP Authorized Signature

Title

Date