APPOINTING AUTHORITY POSITION VACANCY REQUEST

NEW JERSEY CIVIL SERVICE COMMISSION – DIVISION OF CLASSIFICATION AND PERSONNEL MANAGEMENT– INTERGOVERNMENTAL SERVICES UNIT

REQUEST TYPE:

☐ POST TO ITP WEB SITE
☐ FILE WITH TRANSFER

JURISDICTION:	**JURISDICTION CODE:**
CONTACT PERSON:	**ADDRESS:**
TELEPHONE: ( ) **FAX: ( )**	**EMAIL ADDRESS:**
TITLE OF POSITION/VACANCY:	**SALARY: $**
POSTING EXPIRATION DATE: (Minimum Posting of 30 days / Maximum Posting 90 days)	**OPEN TO RESIDENTS OF:** MUNICIPALITY COUNTY STATE
POSITION SCHEDULE: FULL-TIME PART-TIME: HOURS PER WEEK	**NUMBER OF VACANCIES:**
POSITION LOCATION (DEPARTMENT / AGENCY):	
TITLE / JOB SPECIFICATION #: **(SPECIFY UNCLASSIFIED IF APPLICABLE)**	**ENTER REQUIRED LICENSE(S) / CERTIFICATIONS:**
GENERAL DESCRIPTION / POSITION REQUIREMENTS: Please provide skill set(s) – Must be within job specification for title. (use additional pages if needed)	
EDUCATION / EXPERIENCE:	
FILING INSTRUCTIONS: (POSITION/POSTING # AND/OR COVER LETTER REQUIREMENTS)	**ALTERNATE FILING INSTRUCTIONS:** (ELECTRONIC FILING AND FAXING OPTIONS)

SEND RESUMES TO:

Same As Above

Name/Title/Department: _____

Address: _____

City/State/Zip:_____

Telephone Contact #: _____

APPOINTING AUTHORITY APPROVAL (Authorized Signature of Authority as listed with CSC):

SIGNATURE: _____

TITLE_____ **DATE** _____

PLEASE NOTE THAT A FOLLOW-UP CALL OR EMAIL WILL BE GENERATED ONCE WEB POSTING HAS EXPIRED!

MAIL: DIVISION OF CLASSIFICATION AND PERSONNEL MANAGEMENT-INTERGOVERNMENTAL SERVICES UNIT P.O. BOX 313, TRENTON, NEW JERSEY 08625-0313 TEL: 609-633-7773 FAX: 609-777-0905

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