



# IGT

Our goal is to process your requests as quickly as possible!

## A Guide to the Intergovernmental Transfer Process for Appointing Authorities

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# Intergovernmental Transfer Program (IGT)

The Intergovernmental Transfer Program provides the opportunity for eligible New Jersey state and local government employees with permanent civil service status to transfer between state and local employment jurisdictions while maintaining their permanent status. This program promotes more efficient public service by allowing civil service jurisdictions to share talented and experienced individuals with other governmental sectors. All parties involved in the transfer (the transferring employee, the sending jurisdiction, the receiving jurisdiction, and the New Jersey Civil Service Commission) must agree to the transfer for it to be completed. A transfer is not valid until approved by the Civil Service Commission.

State and local agencies can recruit and hire experienced employees with permanent civil service status, thereby reducing the time and cost of recruitment, testing and eliminating the need for up-front training. Agencies can exchange the expertise of experienced employees and can fill positions more rapidly with a transfer than with conventional recruitment methods. Employees with permanent civil service status desiring to work for another jurisdiction, whether for personal or professional reasons, can transfer without a break in service.

Individuals facing layoffs can transfer into comparable titles in other jurisdictions within 1 year of the effective date of layoff. The impact of reductions-in-force can be minimized when such transfers are made as a pre-layoff action.

PLEASE NOTE that CAMPS transactions for any Intergovernmental Transfer cannot be done on-line using the CAMPS system. Authorized Signatures are required; therefore, these forms must be submitted as part of the Intergovernmental Transfer Package.

For further information, contact:  
N.J. Civil Service Commission  
Division of Human Resource Information Services  
Intergovernmental Services Unit  
PO Box 319  
Trenton, N.J. 08625-0319  
tel. (609) 292-4144 email: [igs.support@csc.nj.gov](mailto:igs.support@csc.nj.gov)  
[www.nj.gov/csc](http://www.nj.gov/csc)

What is the IGT Program?

# What types...

of transfers are possible?

**Local to Local  
jurisdiction**

**EXAMPLES:**

(The City of Hoboken to Lodi Borough)  
(Ocean County to the City of Bayonne)

**Local to State  
agency**

(Mercer County to  
NJ Department of Treasury)

**State to Local  
jurisdiction**

(NJ Department of Transportation to Ewing Township)

**State to State agency  
is NOT eligible**

State employees may still transfer to another State Department, but not under this Program. For such transfers, employees apply directly to the State Department that has the job opening, and the transfer process is handled by the personnel staff.

Since all transfer actions are processed and approved by the New Jersey Civil Service Commission, Intergovernmental Services Unit, please begin by contacting our office at:

**(609) 292-4144**

**[igs.support@csc.nj.gov](mailto:igs.support@csc.nj.gov)**

**Please DO NOT send Intergovernmental transfer related forms directly to your Customer Service Teams. This will cause delay and confusion. All transfer actions begin and end with the Intergovernmental Services Unit.**

**How do I... initiate a transfer request?**

# How do I...

## post a job opening on the Internet?

*Jurisdictions  
may recruit  
employees  
directly*

so that job postings  
are not always  
necessary, but if you  
need to advertise your  
job opening,  
please read on.

Please DO NOT  
send IGT Vacancy  
Requests to Customer  
Service Teams.

**First,** check with your Human Resource Consultant to determine if there is an outstanding Special Reemployment List (SRL) for the requested job title in your jurisdiction. If there is an SRL, you must first canvas the list to find out if any candidates on the list are interested in the job opening. The SRL must be cleared before transferring anyone into the job title.

**Next,** check the residency code for your jurisdiction and consider the appropriate scope of eligibility. Must the vacancy be filled only by local residents, or can county or state residents be considered as well? This information must be posted with your job opening. If you need to widen the scope of eligibility for the requested job title beyond your residency code, you must waive your residency ordinance or resolution.

**Then,** complete an Appointing Authority Position Vacancy Request Form (DPF-722) included at the back of this guide. If you have questions pertaining to the form, please call the Intergovernmental Services Unit for assistance.

Send or Email this form to:

N.J. Civil Service Commission  
Division of Human Resource Information Services  
Intergovernmental Services Unit  
PO Box 319  
Trenton, N.J. 08625-0319  
tel. (609) 292-4144  
email: [igs.support@csc.nj.gov](mailto:igs.support@csc.nj.gov)

# What is my role...

## in the transfer process?

*The answer to this question determines what forms you must submit to process a transfer.*

**You are either the Receiving Agency or the Sending Agency.**

### RECEIVING AGENCY/JURISDICTION

is the state or local jurisdiction that announces a transfer job opening or hires the transferring employee. The Receiving Jurisdiction gathers all transfer materials, including those of the Sending Jurisdiction, and sends the entire, completed transfer package to the Intergovernmental Services Unit, at least **7 days prior to the effective date of the Intergovernmental Transfer**. This ensures that transferring employees will not incur a break in service.

### SENDING AGENCY/JURISDICTION

is the current state or local employer that releases an employee for transfer to a Receiving Jurisdiction. The Sending Jurisdiction forwards its transfer forms directly to the Receiving Jurisdiction, not to the CSC.

**P.L. 2007, ch. 51: 11A:2-28 Law enforcement officers, certain, participation in intergovernmental transfer program.**

### ALL PARTIES

are responsible for ensuring that the Intergovernmental Services Unit receives completed paperwork, at least 7 days prior to the Effective Date of the transfer, as specified.

a. The Chair/Chief Executive Officer of the Civil Service Commission shall provide, by regulation, for intergovernmental transfer by law enforcement officers, including county sheriff and corrections officers, as part of the commission's intergovernmental transfer program. These law enforcement officers, county sheriff and corrections officers shall be granted all privileges under the intergovernmental transfer program, including the option to waive all accumulated sick leave and seniority rights.

b. The waiver of accumulated sick leave and seniority rights shall require the consent in writing of the receiving jurisdiction, the affected employee, and the Civil Service Commission.

c. The sending jurisdiction shall not pay supplemental compensation for accumulated sick leave to any law enforcement officer, county sheriff or corrections officer, approved for an intergovernmental transfer and shall certify, to the receiving jurisdiction and the Civil Service Commission, that no supplemental compensation was paid.

# What forms... are required?

**Forms are required from both the Receiving and Sending Jurisdictions.** The forms you will need depend on whether you are sending or receiving an employee, and whether your jurisdiction is in state or local government.

In all actions, one jurisdiction is separating an employee, and the other is hiring that employee as a transferee. Therefore, the forms submitted from the Sending and Receiving Jurisdictions are not the same.

## FORMS

### RECEIVING - AGENCIES - State & Local

#### Appointing Authority Position Vacancy Request (DPF-722)

- This form is used by both local and state jurisdictions to post vacancies to the IGT website and to verify the existence of job vacancy for intergovernmental transfer. **Please complete the section “Request Type” to indicate Vacancy purpose.**

#### Request for Camps New Hire & Intergovernmental Transfer Form (DPF-743)

- This form is used only by local jurisdictions to hire an employee as a transfer.

Transaction Code is IT-Intergovernmental Transfer with Appt. Type of Regular Appointment from a Commission or Commissioner decision (RCP).

**Please complete all required fields indicated by a (\*).**

**CAMPS transactions for any Intergovernmental Transfer cannot be processed on-line. Authorized Signatures are required when submitting these forms.**

### SENDING - AGENCIES - State & Local

#### CAMPS Leave, Separation & Transfer Form (DPF-742)

- This form is to be used by local agencies to terminate an employee because of an intergovernmental transfer.

Transaction Code is 06 - Separation with appropriate Request Reason Code (see Intergovernmental Transfer Process Checklist).

**Please complete all required fields indicated by a (\*).**

**CAMPS transactions for any Intergovernmental Transfer cannot be processed on-line. Authorized Signatures are required when submitting these forms.**

(more information on this form on next page)



# What forms... are required?

## Intergovernmental Transfer Agreement (DPF-721)

- This form documents the consent of all parties to the conditions of transfer and is signed by local and state Receiving and Sending jurisdictions, and the transferring employee.

The Civil Service Commission also signs this form to give final approval to the transfer. If employment begins without approval, then the Civil Service Commission will record a separation of the employee from permanent status at the sending jurisdiction and record a new hire transaction with a provisional appointment pending open competitive procedures (PAOC) at the receiving jurisdiction.

**To gather all required signatures on this one document, it may be necessary to fax the *Intergovernmental Transfer Agreement to the other parties.*** This form documents the consent of all parties to the conditions of transfer and is signed by the Receiving and Sending authorized authorities, and the transferring employee. When all required forms are completed and received by the Intergovernmental Services Unit, a determination will be sent from the Civil Service Commission to all parties on agreement form. This determination will indicate if your request was approved or denied.

(more information on this form on next page)

# Intergovernmental Transfer Agreement (DPF -721)

This form is used by:

## Receiving Jurisdictions

**(State and Local)**  
***to indicate the conditions of transfer***

In Receiving Jurisdiction block, please complete the points of agreement, as applicable, and have the **Appointing Authority\*** sign the completed form.

## Sending Jurisdictions

**(State and Local)**  
***to release an employee for transfer***

In the Sending Jurisdiction Block, please enter the required information. The **Appointing Authority\*** must sign this agreement, indicating release of the employees.

## Employee

**(State or Local)**  
***to agree to conditions of transfer offered by the Receiving jurisdiction***

In Transferee block, the employee signs. Additionally, a supplemental Law Enforcement waiver request form may be required.

## Civil Service Commission

In the CSC block, an authorization and signature are required to complete the transfer process.

\* The Appointing Authority is the individual with signature authority. Failure to obtain correct signature may cause delay in processing the application.

# Questions & Answers

## **What about existing lists?**

To transfer an employee under the Intergovernmental Transfer Program, the only list you must clear is the Special Reemployment List (SRL). Please determine if there is an SRL for your Jurisdiction for the job title you want to assign to the transferring employee. If there is, you must canvass the list to determine whether any candidate on the list is interested, before the transfer may occur.

## **What effective date do I use?**

The Effective Date of the transfer must be coordinated between the Sending and Receiving Jurisdictions to ensure that the employee does not have a break in service. To do this, the date of termination set by the Sending Jurisdiction must be on the day before the date of hire requested by the Receiving Jurisdiction.

The Effective Date is the official date of record on which the transfer action occurs. The Intergovernmental Services Unit must receive completed paperwork **at LEAST 7 DAYS BEFORE the effective date for all transfers.**

## **What if the employee's job title is not the same in the local and state classification systems?**

If the employee's permanent job title is not an exact match with a job title in the Receiving Jurisdiction, the Civil Service Commission may approve a different but comparable job title. A comparable job title is **substantially** similar to the employee's permanent job title in duties, skills, level, and requirements as determined by the Civil Service Commission. If a comparable job title is not an option, the transfer cannot be accomplished. Before initiating a transfer in the case, please contact the Intergovernmental Services Unit for assistance. Please note that a DPF 1C Qualifying Examination Application for eligibility review is required as part of the transfer package.

# What if the transferring employee is on leave?

- Local** – Employees must be returned from leave for record-keeping purposes and then be separated on the record.
- State** – Employees are not returned from leave; they are separated in PMIS (Code 06). Then follow transfer procedures as usual.

# What do I submit...

## to process a Local to Local transfer?

**Local Receiving  
Jurisdiction  
submits to the  
Intergovernmental  
Services Unit:**

### **DPF-722 Appointing Authority Position Vacancy Request**

Appointing Authority verification of vacant position for Intergovernmental Transfer recording. The Receiving Jurisdiction will be responsible for obtaining and submitting CAMPS DPF-742 and the Signed Intergovernmental Transfer Agreement as part of the package.

### **DPF-721 Intergovernmental Transfer Agreement**

For Intergovernmental Transfer approval from the Civil Service Commission. Consent and signature of all parties.

### **DPF-743 CAMPS New Hire and Intergovernmental Transfer Form**

This form is used only by local jurisdiction to hire an employee as a transfer. Transaction Code is IT-Intergovernmental Transfer with an Appointment Type of RCP is required. Appointing Authorities must complete all required fields indicated by a (\*). CAMPS transactions for Intergovernmental Transfers cannot be done on-line. Authorized Signatures are required when submitting these forms.

### **DPF-742 CAMPS Leave, Separation and Transfer Form**

Form must be completed as required by the Sending Jurisdiction.

**Local Sending  
Jurisdiction  
submits to the  
Receiving  
Jurisdiction:**

### **DPF-721 Intergovernmental Transfer Agreement**

Consent and signature of all parties. For Intergovernmental Transfer approval from the Civil Service Commission.

### **DPF-742 CAMPS Leave, Separation and Transfer Form**

This form is used only by local jurisdictions to terminate an employee because of an intergovernmental transfer. Transaction Code is 06-Separation with the appropriate Request Reason Code (see Intergovernmental Transfer Process Checklist). Appointing Authorities must complete all required fields indicated by a (\*). CAMPS transactions for any Intergovernmental Transfer cannot be done on-line. Authorized Signatures are required when submitting these forms.

# What do I submit...

## to process a Local to State transfer?

**State Receiving  
Jurisdiction  
submits to the  
Intergovernmental  
Services Unit:**

**DPF-722 Appointing Authority Position Vacancy**

Appointing Authority verification of vacant position for Intergovernmental Transfer recording.

**DPF-721 Intergovernmental Transfer Agreement**

For Intergovernmental Transfer approval from the Civil Service Commission. *Consent and signature of all parties.*

**DPF-742 CAMPS Leave, Separation and Transfer Form**

Form must be completed as required by the Sending Jurisdiction. Receiving jurisdiction will be responsible for obtaining and submitting CAMPS DPF-742 as part of the Transfer Package.

**Special Notice:** State Appointing Authorities are required to enter New Hire Code (02) into PMIS.

**Local Sending  
Jurisdiction  
submits to the  
Receiving  
Jurisdiction:**

**DPF-721 Intergovernmental Transfer Agreement**

For Intergovernmental Transfer approval from the Civil Service Commission. *Consent and signature of all parties.*

**DPF-742 CAMPS Leave, Separation and Transfer Form**

This form is used only by local jurisdiction to terminate an employee because of an intergovernmental transfer. Transaction Code is 06-Separation with the appropriate Request Reason Code (see Intergovernmental Transfer Process Checklist). Appointing Authorities must complete all required fields indicated by a (\*). CAMPS transactions for any Intergovernmental Transfer cannot be done online. Authorized Signatures are required when submitting these forms.

# What do I submit...

to process a State to Local transfer?

**Local Receiving  
Jurisdiction  
submits to the  
Intergovernmental  
Services Unit:**

## **DPF-722 Appointing Authority Position**

### **Vacancy:**

Appointing Authority verification of vacant position for Intergovernmental Transfer recording.

## **DPF-721 Intergovernmental Transfer**

### **Agreement:**

For Intergovernmental Transfer approval from the Civil Service Commission. *Consent and signature of all parties.*

## **DPF-743 CAMPS New Hire and Intergovernmental Transfer Form:**

This form is used only by local jurisdictions to hire an employee as a transfer. Transaction Code is IT (Intergovernmental Transfer) with an Appointment Type of RCP (Regular Appointment Commission Permanent) is required. Appointing Authorities must complete all required fields indicated by a (\*). CAMPS transactions for Intergovernmental Transfers cannot be done on-line. Authorized Signatures are required when submitting these forms.

**State Sending  
Jurisdiction:**

**DPF-721 Intergovernmental Transfer Agreement:** For Intergovernmental Transfer approval from the Civil Service Commission. *Consent and signature of all parties*  
ENTER INTO PMIS:

State Appointing Authorities must input SEPARATED Code (06) into PMIS.

# Where do I send...

the complete transfer request package?

**ALL transfer packages and related materials should be mailed DIRECTLY to:**

New Jersey Civil Service Commission  
Division of Human Resource Information Services  
Intergovernmental Services Unit  
P.O. Box 319  
Trenton, NJ 08625-0319  
Or, emailed to:  
igs.support@csc.nj.gov

**Determination Notice:**

When all required forms are completed and received by the Intergovernmental Services Unit, a determination will be sent from the Civil Service Commission to all parties on agreement form. This determination will indicate if your request was approved or denied.

**Checklist for Appointing Authorities:**

To assist in the transfer process, please refer to the Checklist for Appointing Authorities for a quick summary of the process and the forms required for each transaction.

**Need Training?**

Look at [www.nj.gov/csc/employees/training](http://www.nj.gov/csc/employees/training) to find training programs in a variety of topics. Or call CLIP at 609-777-2225 for information.

# INTERGOVERNMENTAL TRANSFER PROCESS CHECKLIST

Ensure that your APPOINTING AUTHORITY signs all completed forms

## LOCAL JURISDICTION PROCESSING

### ARE YOU A LOCAL RECEIVING AGENCY?

If Yes, compile *all* the transfer documents, *including those utilized by the Sending Jurisdiction*, and send the entire package to Statewide Initiatives. This package should contain the following items:

- DPF-722 APPOINTING AUTHORITY POSITION VACANCY REQUEST
- DPF-721 \* INTERGOVERNMENTAL TRANSFER AGREEMENT *signed by all parties*
- DPF-742 CAMPS Leave, Separation and Transfer Form  
(submitted to you by Sending Jurisdiction)
- DPF-743 CAMPS New Hire and Intergovernmental Transfer Form *Indicating the Transaction Code IT-Intergovernmental Transfer with Appt. Type of RCP.*

### ARE YOU A LOCAL SENDING JURISDICTION?

If *yes* send the following items to the *Receiving Jurisdiction*:

- DPF-721\* INTERGOVERNMENTAL TRANSFER AGREEMENT
- DPF-742 CAMPS Leave, Separation and Transfer Form  
*Indicating the Transaction Code is 06-Separation with a Request Reason Code of 026=Intergovernmental Transfer – Local to Local – Carry Seniority*  
*027=Intergovernmental Transfer – Local to State*  
*028=Intergovernmental Transfer – Local to Local – Do Not Carry Seniority*

## STATE JURISDICTION PROCESSING

### ARE YOU A STATE RECEIVING JURISDICTION?

If yes, compile *all* the transfer documents, *including those utilized by the Sending Jurisdiction*, and send the entire transfer package to Statewide Initiatives. This package should contain the following items:

- DPF-722 APPOINTING AUTHORITY POSITION VACANCY REQUEST
- DPF-721\* INTERGOVERNMENTAL TRANSFER AGREEMENT *signed by all parties*
- DPF-742 Leaves, Separations and Transfers Form  
(submitted to you by Sending Agency)

**Reminder:** State Appointing Authorities are required to enter New Hire Code (02) into PMIS.

### ARE YOU A STATE SENDING JURISDICTION?

If *yes*, send the following items to the *Receiving Jurisdiction*:

- DPF-721\* INTERGOVERNMENTAL TRANSFER AGREEMENT

**Reminder:** State Appointing Authorities must input SEPARATED Code (06) into PMIS.

**EMAIL, FAX, OR MAIL ALL MATERIALS TO**  
NEW JERSEY Civil Service Commission  
Division of Human Resource Information Services–  
Intergovernmental Services Unit  
PO BOX 319 TRENTON, NJ 08625-0319  
FAX: 609-777-0905 EMAIL: [igs.support@csc.nj.gov](mailto:igs.support@csc.nj.gov)

Call our office for Consultant Services:  
Our staff members are specially trained to answer questions and facilitate the transfer process.  
(609) 292-4144

\* must use DPF 721 form revised 09/08/23



**State of New Jersey Civil Service Commission  
Division of Human Resource Information Services- Intergovernmental Services Unit  
P.O. Box 319, Trenton, New Jersey 08625-0319**

**INTERGOVERNMENTAL TRANSFER AGREEMENT**

All rules, regulations, policies and procedures effective at the date on which this agreement is signed apply.

Intergovernmental transfers are subject to approval by the Civil Service Commission prior to the effective date of the transfer.

This document is a consensual, voluntary transfer agreement by the sending jurisdiction, the receiving jurisdiction, and the employee and contains the conditions by which:

\_\_\_\_\_, \_\_\_\_\_  
Transferee Name Present Permanent Title

Requests a transfer from: \_\_\_\_\_  
Sending Jurisdiction Jurisdiction Code

To: \_\_\_\_\_  
Receiving Jurisdiction Jurisdiction Code

**EMPLOYEE AGREEMENT**

\_\_\_\_\_|\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Employee Social Security Number Date

Pension system of which you are an active member:  PERS  PFRS  OTHER Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

A Waiver of all accumulated seniority and/or sick leave shall be afforded to those in Law Enforcement titles. Please see the attached waiver. Providing your social security number is voluntary. It will be used only to keep records for this program, which is established by N.J.A.C. 4A:4-7.1A.

**SENDING JURISDICTION AGREEMENT  
(TO BE COMPLETED ONLY BY THE APPOINTING AUTHORITY)**

Transferees shall retain accumulated seniority rights and sick leave, except for those transferring in the title of Firefighter or those in Law Enforcement titles who have signed the attached waiver. Vacation leave balances 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 effective date of transfer.

**CONTACT INFORMATION (Please Print):**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
**CITY / STATE / ZIP TELEPHONE**

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
**EMAIL ADDRESS FAX**

As the Sending Jurisdiction's authorized signing authority, I by approving and signing below, hereby certify to the receiving jurisdiction and the Civil Service Commission that no supplemental compensation for accumulated sick leave has or will be paid to the transferee.

This transfer has been  **Approved** Requested Termination Date: \_\_\_\_\_

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

\_\_\_\_\_, \_\_\_\_\_  
**Authorized AA Name Title**

\_\_\_\_\_  
**Signature of Approval Date**

# 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 CSC 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 Civil Service Commission. 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 CSC):

\_\_\_\_\_, \_\_\_\_\_  
**Authorized AA Name** **Title**

\_\_\_\_\_  
**Signature of Approval** **Date**

## NEW JERSEY CIVIL SERVICE COMMISSION 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

\_\_\_\_\_  
**CSC Authorized Signature** **Title** **Date**

**State of New Jersey Civil Service Commission**  
**Division of Human Resource Information Services - Intergovernmental Services Unit**  
**P.O. Box 319, Trenton, New Jersey 08625-0319**  
**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 Civil Service Commission 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 Civil Service Commission 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 CIVIL SERVICE COMMISSION**  
**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.

\_\_\_\_\_  
CSC Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**APPOINTING AUTHORITY POSITION VACANCY REQUEST  
NEW JERSEY CIVIL SERVICE COMMISSION – DIVISION OF HUMAN RESOURCE  
INFORMATION SERVICES– INTERGOVERNMENTAL SERVICES UNIT**

**REQUEST TYPE:**

- POST TO IGT WEBSITE  
 FILE WITH TRANSFER

**JURISDICTION:**

**JURISDICTION CODE:**

**CONTACT PERSON:**

**ADDRESS:**

**TELEPHONE:** (    )

**EMAIL ADDRESS:**

**FAX:** (    )

**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 HUMAN RESOURCE INFORMATION SERVICES-INTERGOVERNMENTAL SERVICES UNIT  
P.O. BOX 319, TRENTON, NEW JERSEY 08625-0319    TEL: (609) 292-4144    FAX: 609-777-0905**

DPF-722 Revised 09-08-2023

**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 Civil Service Commission 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@CSC.state.nj.us](mailto:CAMPS.Forms@CSC.state.nj.us) or the NJ Civil Service Commission; CAMPS Forms, PO Box 319 Trenton, NJ, 08625-0319

**New Hire and Intergovernmental Transfer Form**

**\*JURISDICTION CODE**

**\*EFFECTIVE DATE**

Transaction Codes: 02, IT



MM/DD/YYYY

**EMPLOYEE INFORMATION:**

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

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

Employee ID <input type="text"/>	Job No. <input type="text"/>
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  Max. Appt. Duration  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 Civil Service Commission 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 Civil Service Commission; CAMPS Forms, PO Box 319, Trenton, NJ, 08625-0319