

**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**