

**Static Job Information Change Form**

Transaction Code: 12

\*EMPLOYEE ID

\*JOB NO.

\*EFFECTIVE DATE




MM/DD/YYYY

\*First Name

MI

\*Last Name

Suffix





\*Jurisdiction Name

**CURRENT JOB INFORMATION:**

*Enter only the current information that is to be changed*

**NEW JOB INFORMATION:**

*Enter only the information that is to be corrected*

Perm. Title Code

Permanent Title Name

Hire Date

Permanent Appt. Date

Perm. Service Entry Date

Appt. Date

Working Test Start Date

Interim Thru Date

Interim Replaced ID

Work Week Hours

License Code

Essential Emp. Y/N

Grade

Local Employee ID

Union Code

Perm. Title Code

Permanent Title Name

Hire Date

Permanent Appt. Date

Perm. Service Entry Date

Appt. Date

Working Test Start Date

Interim Thru Date

Interim Replaced ID

Work Week Hours

License Code

Essential Emp. Y/N

Grade

Local Employee ID

Union Code

Comments

**AUTHORIZING SIGNATURES:**

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 Rules and Regulations. This request has been made in accordance with legal requirements.

SIGNATURE OF AA: \_\_\_\_\_ DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

FOR APPOINTING AUTHORITY USE:  X  \_\_\_\_\_  X  \_\_\_\_\_

**SUBMIT TO:** [CAMPS.Forms@CSC.state.nj.us](mailto:CAMPS.Forms@CSC.state.nj.us) or the NJ Civil Service Commission; CAMPS Forms, PO Box 354 Trenton, NJ, 08625-0354