

**Personnel Action Form**

Transaction Codes: 03, 07, 08, 17, 19, 91 94, CM

<b>*EMPLOYEE ID</b>	<b>*JOB NO.</b>	<b>*EFFECTIVE DATE</b>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
		MM/DD/YYYY

**EMPLOYEE'S CURRENT INFORMATION:**

<b>*First Name</b>	<b>MI</b>	<b>*Last Name</b>	<b>Suffix</b>
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>
<b>*Jurisdiction Code</b>	<b>*Jurisdiction Name</b>		<b>*Jurisdiction Department</b>
<input style="width: 100%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
<b>*Title Code</b>	<b>*Title Name</b>		
<input style="width: 100%;" type="text"/>	<input style="width: 95%;" type="text"/>		

**PERSONNEL ACTION INFORMATION:**

<b>*Transaction Code</b>	<b>Request Reason Code</b>	<b>*Appointment Type</b>	<b>WTP Start Date</b>	<b>Qualifying Exam Date</b>		
<input style="width: 95%;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<b>Certification No.</b>	<b>Exam Symbol No.</b>	<b>N.J.A.C. Date</b>	<b>Special Legislation Citation</b>	<b>Canvassed List Y/N</b>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>		
<b>*Title Code</b>	<b>*Title Name</b>		<b>License Code</b>	<b>Work Week Hrs.</b>		
<input style="width: 100%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>		
<b>*Salary Range Minimum</b>	<b>*Salary Range Maximum</b>	<b>*Base Salary</b>	<b>Extra Salary or Pay Amount</b>	<b>*Comp. Method</b>	<b>DPF-31B Sent Y/N</b>	<b>Signature Sent Y/N</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
<b>Part Time %</b>	<b>Appt. Duration</b>	<b>Interim Replaced Emp. ID</b>	<b>IA Thru Date</b>	<b>* Essential Emp. Y/N</b>		
<input style="width: 60px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>		

**Comments**

**AUTHORIZING SIGNATURES:**

**Employee:** Required for voluntary demotions.

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

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

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

**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