



State of Connecticut Human Resources

Transfer/Rehire Form for Agency Use

Use this form for all transfer and rehire transactions requiring DAS Statewide HR assistance.

Form #: CT-HR-17

Revision Date: 8/2024

STEP 1: Select Action:

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Transfer

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Rehire

Annual Benefits Base Rate (ABBR)
required for Rehires. Enter here:

STEP 2: Is this dual employment?

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Yes

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No

If yes, is required documentation complete?

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Yes

☐

No

STEP 3: Enter Job Data Values:

WORK LOCATION	Employee Name:	
	Empl ID:	
	Effective Date:	
	Action:	
	Reason:	
	Position Number:	
JOB INFORMATION	Job Code:	
	Job Title:	
	Supervisor ID (if applicable):	
	Regular/Temporary:	
	Empl Class:	
	Full/Part:	
	Standard Hours:	
	Certification List Number:	
SALARY PLAN	Salary Administration Plan:	
	Grade:	
	Step:	
COMPENSATION	Frequency:	
	Comp Rate:	
	Was the salary verified by HR Policy? If so, please provide the UKG#:	

STEP 4: Enter Employment Data and Time Reporter Data Values:

EMPLOYMENT INFORMATION <i>Click Time Reporter Data Link</i> <i>Click USA Flag</i>	Probation Date:	
	Workgroup:	
	Taskgroup:	
	Task Profile ID (if applicable):	
	Shift:	
	Rotating Averaging:	
	Eligible for Weekend Diff:	
	Eligible for Shift Diff:	
	Eligible for Overtime:	
	Eligible for Sick:	
	Eligible for Vacation:	
	Appointment End Date (if applicable):	

STEP 5: Enter Comments:

NOTEPAD	
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STEP 6: Enter Contact Information for both agencies:

CONTACT INFORMATION	Losing Agency Contact	
	Gaining Agency Contact	

SUBMIT FORM AND DIRECT QUESTIONS TO DAS HR POLICY: transfers-rehires@ct.gov

This form provided by the Department of Administrative Services