



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

STEP 2: Is this dual employment? Yes No If yes, is required documentation complete? Yes No

STEP 3: Enter Job Data Values:

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

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

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

STEP 5: Enter Comments:

NOTE PAD	<input type="text"/>
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STEP 6: Enter Contact Information for both agencies:

CONTACT INFORMATION	Losing Agency Contact	<input type="text"/>
	Gaining Agency Contact	<input type="text"/>

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

This form provided by the Department of Administrative Services