



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: 6/2024

Action: **Rehire** Transfer 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:	
	Empl ID:	
	Effective Date:	
	Action:	
	Reason:	
	Position Number:	
JOB INFORMATION	Job Code:	
	Regular/Temporary:	
	Empl Class:	
	Full/Part:	
	Standard Hours:	
	Certification List Number:	
SALARY PLAN	Salary Administration Plan:	
	Grade:	
	Step:	
COMPENSATION	Frequency:	
	Comp Rate:	
	Was salary verified by HR Policy? If yes, provide documentation.	

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:	
	Shift:	
	Rotating Averaging:	
	Eligible for Weekend Diff:	
	Eligible for Shift Diff:	
	Eligible for Overtime:	
	Eligible for Sick:	
	Eligible for Vacation:	
	Appointment End Date (if necessary):	

STEP 5: Enter Comments:

NOTEPAD	
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STEP 6: Enter Contact Information for both agencies:

CONTACT INFORMATION	Losing Agency Contact (Email and Phone):	
	Gaining Agency Contact (Email and Phone):	

SUBMIT FORM AND DIRECT QUESTIONS TO: Carrie.Proctor@ct.gov at DAS/Statewide HR/Core-CT Unit

This form provided by the Department of Administrative Services