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**Agency Reduction Transfer Referral System: Confirmation of Declination**

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TO:

FROM:

telephone:

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This letter is to confirm your declination of the position of:

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Title:

Salary Grade:

Location/county:

**as a result of a referral from the Agency Reduction Transfer Referral system.**

Appointment Type:     PERMANENT or CONTINGENT PERMANENT     TEMPORARY

Employment Type:     FULL TIME     PART-TIME at    %

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**PLEASE SEE REVERSE FOR INFORMATION ON THE EFFECT OF THIS DECLINATION**

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REMARKS:

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Signed

Date

Print Name

Title

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## AGENCY REDUCTION TRANSFER REFERRAL SYSTEM

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### **EFFECT OF APPOINTMENTS AND DECLINATIONS OF FULL TIME PERMANENT or CONTINGENT PERMANENT POSITIONS**

If you **receive** a permanent/contingent permanent appointment at any location, your name will be inactivated on the Transfer List for all titles at that salary grade and below for all locations. If the appointment is to a title below your current salary grade, your name will remain active for any titles at a higher level.

If you **decline** a permanent/contingent permanent appointment to a **same** grade level position

- in the **same** county in which you are currently employed, your name will be inactivated for all titles and counties
- in a **different** county from which you are currently employed, your name will be inactivated for all titles in that county

to a **lower** grade position

- in the **same** county in which you are currently employed, your name will be inactivated for all titles at that level and below for all counties
- in a **different** county from that in which you are currently employed, your name will be inactivated for all titles at that grade level and below in all counties within the area, except your current county (See the booklet "*Information for State Employees Affected by Layoff*" for area designations.).

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### **EFFECT OF APPOINTMENTS AND DECLINATIONS OF TEMPORARY AND LESS THAN FULL TIME POSITIONS**

If the type of the appointment is temporary, neither an appointment nor a declination will affect your eligibility for permanent appointments. Only your eligibility for other temporary appointments would be affected.

If the type of employment is less than full time, neither an appointment nor a declination will affect your eligibility for full time, only your eligibility for less than full time will be affected.

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### **YOU ARE RESPONSIBLE FOR NOTIFYING THE DEPARTMENT OF ANY CHANGE IN YOUR ADDRESS**

Please include  
your Social Security number  
and write to the:

NYS DEPARTMENT OF CIVIL SERVICE  
REEMPLOYMENT SERVICES  
ALFRED E. SMITH STATE OFFICE BUILDING  
ALBANY, NEW YORK 12239

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**Questions** about agency reduction transfer lists or other reemployment lists or your status or temporary unavailability?

- Call (518) 485-6199.

**Questions** on the position(s) for which you are being canvassed?

- Call the agency whose telephone number appears on the front of this form.

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It is the policy of the State of New York to provide for and promote equal opportunity employment, compensation, and other terms and conditions of employment without discrimination on the basis of age, race, color, religion, disability, national origin, gender, sexual orientation, veteran or military service member status, marital status, domestic violence victim status, genetic predisposition or carrier status, or arrest and/or criminal conviction record unless based upon a bona fide occupational qualification or other exception.