



Agency Name and Number:

Date:

Approval of the following action is requested for (include Last name, Full first name and middle initial).		
Employee ID:	Effective Date:	
<p>APPOINTMENTS:</p> <input type="checkbox"/> Initial Probationary <input type="checkbox"/> State Certificate No: <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Reinstatement <input type="checkbox"/> Probationary <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law (Cite Authority in Remarks) <input type="checkbox"/> Temporary <input type="checkbox"/> Other (Explain in Remarks)	<p>SEPARATIONS:</p> <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	<p>CHANGES:</p> <input type="checkbox"/> Performance Pay <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Transfer Within Agency Detail to Special Duty Probationary Appointment Extension (Letter Required)
<input type="checkbox"/> Application Attached	<input type="checkbox"/> Application on File at HCM	Date of Last Service Review:
<p>LEAVE: Specify Duration: _____</p> <input type="checkbox"/> Sick Leave W/out Pay <input type="checkbox"/> Educational Leave With Pay <input type="checkbox"/> Suspension W/out Pay <input type="checkbox"/> Leave W/out Pay <input type="checkbox"/> Educational Leave W/out Pay <input type="checkbox"/> Return from Suspension <input type="checkbox"/> Return From Leave <input type="checkbox"/> Suspension With Pay (Letter Required) <input type="checkbox"/> Other (Letter Required)		
Current		Proposed
	HCM Title & Code	
	Department/Division	
	Grade, Salary	
	Position Identification Number	

Remarks:

Employed by this Agency From:	To:
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Signature: _____ Date: _____
 Agency Official

Signature: _____ Date: _____
 Appointing Authority/Title