

**DEPARTMENT OF ADMINISTRATION  
PERSONNEL ACTION REQUEST FORM**

Division: \_\_\_\_\_

Name: \_\_\_\_\_

Personnel #: \_\_\_\_\_

Effective date        /        / \_\_\_\_\_

**Note: Effective date for LOA (Leave of Absence) actions is the first day of absence.  
Effective date for Separation actions is the last day worked.  
Effective date for all other actions is the first day of effect.**

<b>LOA Action:</b>		<b>Instruction:</b>
<input type="checkbox"/>	Extended Illness (Illness not covered by FMLA or STD)	Attach supporting documentation
<input type="checkbox"/>	FMLA	FMLA forms approved by Benefits Rep
<input type="checkbox"/>	FIL	Attach supporting documentation
<input type="checkbox"/>	Parental (not FMLA, EE is not eligible for FMLA)	Attach supporting documentation
<input type="checkbox"/>	STD 60 day waiting period	STD forms approved by Benefits Rep
<input type="checkbox"/>	STD w/ Leave (EE exhausting leave after 61 <sup>st</sup> day)	Attach leave exhaustion plan
<input type="checkbox"/>	STD Regular (EE not exhausting leave after 61 <sup>st</sup> day)	
<input type="checkbox"/>	STD Extended (Beyond 12 months)	Extension approved by Benefits Rep
<input type="checkbox"/>	STD Lump Sum (EE is paid out for leave)	Attach supporting documentation
<input type="checkbox"/>	WC 7 day waiting period	Ensure WC Admin has been contacted
<input type="checkbox"/>	WC w/ Supplement	Attach supporting documentation
<input type="checkbox"/>	WC LEO	Ensure WC Admin has been contacted
<input type="checkbox"/>	Investigatory Leave w/ Pay	Attach supporting documentation
<input type="checkbox"/>	Suspension-Conduct	Attach approved disciplinary letter
<input type="checkbox"/>	Suspension-Unsatisfactory Performance	Attach approved disciplinary letter
<input type="checkbox"/>	Suspension-Gross Inefficiency	Attach approved disciplinary letter
<input type="checkbox"/>	Other:	Attach supporting documentation
<b>Separation:</b>		<b>Instruction:</b>
<input type="checkbox"/>	Better employment external to state government	Attach resignation letter
<input type="checkbox"/>	Death	Attach supporting documentation
<input type="checkbox"/>	Dismissed-Conduct	Attach approved disciplinary letter
<input type="checkbox"/>	Dismissed-Gross Inefficiency	Attach approved disciplinary letter
<input type="checkbox"/>	Dismissed-Unsatisfactory Performance	Attach approved disciplinary letter
<input type="checkbox"/>	Long Term Disability	Approval information from Benefits Rep
<input type="checkbox"/>	Personal Reasons	Attach supporting documentation
<input type="checkbox"/>	Retirement	Forms submitted 4 months in advance
<input type="checkbox"/>	Temporary Appointment Terminated	
<input type="checkbox"/>	Time Limited Appointment Terminated	Attach supporting documentation
<input type="checkbox"/>	Transferring to another state agency or university	Attach resignation letter
<input type="checkbox"/>	If transferring, pay out leave? Type yes or no:	
<input type="checkbox"/>	Other:	Attach supporting documentation
<b>Other Actions:</b>		<b>Instruction:</b>
<input type="checkbox"/>	Appointment Change (Probationary to Permanent)	Hire date:
<input type="checkbox"/>	Reinstate from LOA-specify reason:	Attach supporting documentation
<input type="checkbox"/>	Other:	Attach supporting documentation

**Division Approval**

**Date**

**(Submit this signed form to the HRM Office)**