

State of Oklahoma
Office of Personnel Management
REQUEST FOR PERSONNEL ACTION

Agency	Agency Number	Current Date
Approval of the following action is requested for (include last name, full first name and middle initial.):		
Social Security Number		Effective Date of Transaction
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State Certificate No.: _____ <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="radio"/> Probationary <input type="radio"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Other (Explain in Remarks Section)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge ✪ <input type="radio"/> 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	CHANGES: <input type="checkbox"/> Performance Pay ✪ <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Promotion: Trial Period Required ✪ <input type="radio"/> Y <input type="radio"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) ✪ <input type="checkbox"/> Demotion ✪ <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Probationary Appointment Extension (Letter Required)
<input type="checkbox"/> APPLICATION ATTACHED	<input type="checkbox"/> APPLICATION ON FILE AT OPM	✪ Date of Last Service Review:
LEAVE: Specify Duration: _____		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Educational Leave With Pay <input type="checkbox"/> Educational Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT	OPM TITLE & CODE	PROPOSED
	DEPARTMENT/DIVISION	
	GRADE, SALARY	
	POSITION IDENTIFICATION NUMBER	

REMARKS:

Employed by This Agency From: _____	To: _____
Signed: _____ Agency, Oklahoma Public Employees Retirement System	Date: _____
Signed: _____ Appointing Authority/Title	Date: _____
Signed: _____ Division Chief or Department/Title	Date: _____

For Office of Personnel Management Use Only

Reviewed By: _____ Posted By: _____

- Approved
- Disapproved
- Returned

REASON:

Copy Index	
<input type="checkbox"/>	OPM..... Original
<input type="checkbox"/>	Agency..... Copy
<input type="checkbox"/>	Employee..... Copy
<input type="checkbox"/>	Retirement..... Copy