



State of Alaska

Personnel Action Request Form

SSN	Last Name	First Name	M.I.	Effective Date
Dept # / Division	Section	Location	Retire Code	Contact Code
EE Phone Number ()	EE Fax Number	Add/Change EE Email Address		Supervisor's Name
<input type="checkbox"/> Perm Status <input type="checkbox"/> Probationary Appt. <input type="checkbox"/> Transfer <input type="checkbox"/> Sep / Dismissal <input type="checkbox"/> Rtn (S)LWOP <input type="checkbox"/> Change In Marital Status <input type="checkbox"/> Emrgncy Appt. <input type="checkbox"/> EX / PX Appt. <input type="checkbox"/> Layoff <input type="checkbox"/> Sep / Resignation <input type="checkbox"/> To (S)LWOP <input type="checkbox"/> Chg In Accts Charged <input type="checkbox"/> Nonperm Appt. <input type="checkbox"/> Promotion <input type="checkbox"/> RTN Layoff <input type="checkbox"/> Sep / Appointment <input type="checkbox"/> Acting Status <input type="checkbox"/> Flex / Flex Promotion <input type="checkbox"/> PT Appt. <input type="checkbox"/> Demotion <input type="checkbox"/> Separation <input type="checkbox"/> Merit Salary Increase <input type="checkbox"/> Other Changes <input type="checkbox"/> _____				
Comments:			DOC# _____	
			Technical Services Comments:	
			Probation Date:	
FROM:		TO:		
		Status		
		Seasonal Indicator		
		Salaried / Hourly		
		Merit Anniversary Date		
		Pay Rate		
		PCN / Firearm		
		Bargaining Unit		
		Location		
		Range / Step / OT Ind		
		Class Code / Job Title		
		Organizational Rt Code		
		Payroll RD Code		
		Salary Schedule		
		HI Code / Effective Date		
		Resident Address		
		City / State / Zip		
		Warrant Mailing Address		
		City / State / Zip		
		CC / LC - Accts Charged		
		Generator Pattern		
		V/A Code		
Appointing Authority Approval (when applicable)				Date
Division / Department Approval (when applicable)				Date