STATE OF ALASKA
PERSONNEL ACTION REQUEST

SECTION A: ACTION REQUEST INFORMATION

SSN or Emp. ID Number	Legal Name - Last, First, MI (*Must match Social Security card*)	Action Effective Date

Action Request: (select all that apply)

- ☐ APPOINTMENT
- ☐ SEPARATION
- ☐ TO (S)LWOP
- ☐ RTN FROM (S)LWOP
- ☐ OTHER (specify): _____
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TO LAYOFF
- ☐ RTN FROM LAYOFF
- ☐ TRANSFER to another Dept (specify) — Select Department _____
- ☐ TRANSFER w/in same Dept (Unit)
- ☐ ACTING STATUS (attach authorization)
- ☐ PAY INCREASE (Exempt only) _____ (denote range/step & attach approval)
- ☐ REHIRE RIGHTS TO: _____ (denote range/step - not above former step held)

Workweek Schedule:

- ☐ Full-time *(37.5/40 hrs/wk)
- ☐ Part-time (30+ hrs) _____ hrs/wk
- ☐ Part-time (15-29.75 hrs) _____ hrs/wk
- ☐ Part-time (under 15 hrs) _____ hrs/wk

**NOTE: A full-time position requires a formal approved Reduced Workweek (RWW) or Alternate Workweek (AWW) Agreement to work less than full-time or a non-standard workweek. ACOA/PSEA full-time work schedules are specified by contract. Contact DOP Payroll Team for guidance.*

SECTION B: EMPLOYEE INFORMATION (Required for new employee or when employee changes positions)

PCN	Class Title Description	Payroll Number	Department

Home Unit	Work Location	Work Phone	Email Address

Preparer / Contact Name & Phone Number

SECTION C: ADDITIONAL COMMENTS/INFORMATION

SECTION D: AUTHORIZATION

Actions requested and authorized by an Appointing Authority does not establish a contract between the State of Alaska and an employee. All personnel action determinations are subject to subsequent audit & final determination of the Director, Division of Personnel & Labor Relations.

Requestor / Appointing Authority Approval (Mandatory) Date

Agency / Division Approval (Agency-Optional) Date

SECTION E: DIVISION OF PERSONNEL & LABOR RELATIONS PAYROLL SERVICES SECTION USE ONLY

☐	ESMT	EFF. Date		Pay Rate (if Override	
☐	ADDR	Status		Eval Date	
☐	ATTR	PCN		Birth Date	
☐	EMER	BU		Marital/Eth/Sex	
☐	HINS	Pay Policy		Visa Type/Expire	
☐	TIMEI	Grade/Step		HI Code	
☐	TADJ	Salaried or Hourly		HI Eff. Date	
☐	MISC	Leave Base Date		MAD/PID	
☐	LEAV				
☐	Other				

Entered By: _____ Date: _____

Certified By: _____ Date: _____

Personnel Action Request - Form Field Definitions

SECTION A: ACTION REQUEST INFORMATION (Subject to HR approval and compliance with relevant policy, regulation and/or bargaining unit contract)

SSN or Emp. ID Number: Enter Social Security number for a new employee or the Employee ID number for a current employee. Employee ID number is published in the SOA Employee Directory.

Legal Name: Legal name of the employee. Must match the name displayed on the Social Security card. A new employee is required to present an original Social Security Card for employer verification.

Action Effective Date: Effective date for the selected 'Action Request'.

Action Request: Use *'Other'* to specify an action not shown on the form. For *'Transfer'* must specify the department / unit. For *'Exempt only '* pay increase specify the range and step request and attach a signed SOA Performance Evaluation Report or an accepted, signed alternate authorization/form. For *'Rehire Rights To'* specify range and step request. Step placement may be at or below but not above the former step held. Eligibility for rehire rights to a job class/series is established by personnel regulation or a collective bargaining contract.

Workweek Schedule: Specific workweek hours to be assigned. If position is less than full-time, check the part-time workweek category and denote 'hours per week' in field. A full-time position requires a formal, approved Reduced Workweek (RWW) or Alternate Workweek (AWW) Agreement to permit working less than a full-time or a non-standard workweek. Contact the HR Service Center for mandatory requirements and guidance.

SECTION B: EMPLOYEE INFORMATION (Required for new employee or for any position change)

Position Control Number (PCN): Official numerical budget identifier of the position the employee is appointed to, moving to or currently occupies, based on the selected 'Action Request'.

Class Title Description: This is the Classification Title. For any position it can be found in IRIS HRM on the POSM activity Folder under Title Description.

Payroll Number: This determines which Payroll the employee receives a Timesheet. It can be found in IRIS HRM under Position Attributes in the POSM activity folder.

Department: Employee Department

Home Unit: This is a 4 character code that starts with Z and was set up by your Department. This should match the information listed on the Position.

Work Location: This replaces contact code. This information can be found in IRIS HRM on the LOCA table.

Work Phone: Enter employee work phone as it should appear in the SOA Employee Directory.

Email Address: Enter employee work email name. To update the email address in SOA Employee Director please contact your DEDPA.

Preparer / Contact Name and Phone Number: List who should be contacted if there are any questions about the information entered.

SECTION C: ADDITIONAL INFORMATION/COMMENT

Enter other pertinent or clarifying information to assist in effective processing of the 'Action Request'.

SECTION D: AUTHORIZATION

Requestor / Appointing Authority Approval & Date: Mandatory. Signature and date of Appointing Authority or the authorized designee/requestor.

Agency / Division Approval & Date: Agency-optional. Requestor/Appointing Authority is solely responsible for obtaining agency approval.

SECTION E: DIVISION OF PERSONNEL & LABOR RELATIONS PAYROLL SERVICES SECTION USE ONLY

DO NOT ENTER IN THIS FIELD - Reserved for DOPLR Payroll Services Section.