



# STATE OF ALASKA PERSONNEL ACTION REQUEST

## SECTION A: ACTION REQUEST INFORMATION

<b>SSN or Emp. ID Number</b>	<b>Legal Name - Last, First, MI</b> <i>(Must match Social Security card)</i>	<b>Action Effective Date</b>
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**Action Request:** (select all that apply)

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

**Workweek Schedule:**

<input type="checkbox"/> Full-time *(37.5/40 hrs/wk)	<input type="checkbox"/> Part-time (15-29.75 hrs) _____ hrs/wk
<input type="checkbox"/> Part-time (30+ hrs) _____ hrs/wk	<input type="checkbox"/> 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)

<b>PCN</b>	<b>Class Title Description</b>	<b>Payroll Number</b>	<b>Department</b>
<b>Home Unit</b>	<b>Work Location</b>	<b>Work Phone</b>	<b>Email Address</b>

**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

<input type="checkbox"/> ESMT _____	EFF. Date _____	Pay Rate (if Override) _____
<input type="checkbox"/> ADDR _____	Status _____	Eval Date _____
<input type="checkbox"/> ATTR _____	PCN _____	Birth Date _____
<input type="checkbox"/> EMER _____	BU _____	Marital/Eth/Sex _____
<input type="checkbox"/> HINS _____	Pay Policy _____	Visa Type/Expire _____
<input type="checkbox"/> TIMEI _____	Grade/Step _____	HI Code _____
<input type="checkbox"/> TADJ _____	Salaried or Hourly _____	HI Eff. Date _____
<input type="checkbox"/> MISC _____	Leave Base Date _____	MAD/PID _____
<input type="checkbox"/> LEAV _____		
<input type="checkbox"/> 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.