



STATE OF ALASKA PERSONNEL ACTION REQUEST

SECTION A: ACTION REQUEST INFORMATION

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

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"/> 40 hrs/wk <input type="checkbox"/> 37.5 hrs/wk |
| <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 DOF Payroll Team for guidance.

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

PCN	Class Title Description	Payroll Number	Department
Home Unit	Work Location Code	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 Finance.

Requestor / Appointing Authority Approval (Mandatory) _____ Date _____

Agency / Division Approval (Agency-Optional) _____ Date _____

SECTION E: DIVISION OF FINANCE PAYROLL SERVICES SECTION USE ONLY

- | | | |
|--------------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> ESMT _____ | EFF. Date _____ | Pay Parm (if Override) _____ |
| <input type="checkbox"/> ADDR _____ | Status _____ | Eval Date _____ |
| <input type="checkbox"/> ATTR _____ | PCN _____ | Birth Date _____ |
| <input type="checkbox"/> EMER _____ | BU _____ | Sex/Marital/Eth _____ |
| <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 _____ | | Leave Eligibility Date _____ |
| <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/update)

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 FINANCE PAYROLL SERVICES SECTION USE ONLY

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