State of Oklahoma
Office of Management & Enterprise Services
Human Resources Department

HCM-14
Request for Personnel Action

Agency Name and Number: **Date:**

Approval of the following action is requested for (include Last name, Full first name and middle initial).

Employee ID:	Effective Date:	
APPOINTMENTS: ☐ Initial Probationary ☐ State Certificate No: ☐ Transfer Interagency ☐ Reinstatement ☐ Probationary ☐ Permanent ☐ Unclassified: By Law (Cite Authority in Remarks) ☐ Temporary ☐ Other (Explain in Remarks)	**SEPARATIONS:** ☐ Resignation ☐ Discharge ☐ Probationary ☐ Reduction in Force (Letter Required) ☐ Transfer Interagency ☐ Expiration of Appointment ☐ Retirement ☐ Death	**CHANGES:** ☐ Performance Pay ☐ Salary Adjustment ☐ Promotion: Trial Period Required ☐ Yes ☐ No ☐ Voluntary Demotion (Letter Required) ☐ Demotion ☐ Transfer Within Agency Detail to Special Duty Probationary Appointment Extension (Letter Required)
☐ Application Attached	☐ Application on File at HCM	Date of Last Service Review:

LEAVE: Specify Duration: _____

☐ Sick Leave W/out Pay	☐ Educational Leave With Pay	☐ Suspension W/out Pay
☐ Leave W/out Pay	☐ Educational Leave W/out Pay	☐ Return from Suspension
☐ Return From Leave	☐ Suspension With Pay (Letter Required)	☐ Other (Letter Required)

Current		Proposed
	HCM Title & Code	
	Department/Division	
	Grade, Salary	
	Position Identification Number	

Remarks:

Employed by this Agency From:	To:

Signature:_____ Date:_____
Agency Official

Signature:_____ Date:_____
Appointing Authority/Title