

Department
Of Corrections

Personnel Transaction Handbook



October, 2012

TABLE OF CONTENTS

Table of Contents	1
Introduction	2
Types of Personnel Actions	3-4
Personnel Transaction Checklist	5
Appointments—General Information	6
Classified Initial Probationary Appointment.....	7-8
Classified Initial Probationary Appointment—Direct Hire.....	9
Classified Initial Probationary Appointment—Optional Program/Applicants with Disabilities	10
Interagency Transfer	11-13
Notice of Six Month Trial Period for Interagency Promotion or Voluntary Demotion.....	14
Employee Transfer-In Memorandum.....	15
Employee Transfer-In Payroll Information.....	16
Reinstatement To the Classified Service.....	17-19
Notice of Probationary Period Required for Reinstatement to the Classified Service.....	20
Unclassified Appointment.....	21-22
Leave Without Pay for Temporary Unclassified Appointment.....	23-24
Temporary (999 hour) Appointment	25-26
Carl Albert Public Internship Program.....	27-29
Separations—General Information	30
Resignation.....	31-32
Discharge	33-34
Transfer Interagency	35-36
Expiration of Appointment (Temporary Employee).....	37-38
Retirement.....	39-40
Death	41-42
Changes—General Information	43
Promotion.....	44-48
Voluntary Demotion.....	49-51
Involuntary Demotion	52-53
Intra-Agency Transfer.....	54-57
Detail to Special Duty	58-59
Probationary Adjustment	60-61
Other Changes.....	62
Return to Former Position.....	63
Expiration of Detail to Special Duty	64
Name Change	65
Leave Without Pay (types).....	66-68
Leave Without Pay (Regular)	69
Unauthorized Absence	70
Military Leave Without Pay.....	71
Return from Military Leave Without Pay	72
Military Leave Without Pay, with Supplement.....	73
Family Leave Without Pay	74
Military Family Leave Without Pay	75
Suspensions	
Suspension With Pay	76-77
Suspension Without Pay	78-79
General Index.....	80

INTRODUCTION

The material included in this handbook has been prepared for use by Human Resources Management Specialists as a guide for accurately processing personnel actions.

Unless otherwise provided in the Merit Rules, forms effecting personnel changes, including appointments, shall be submitted to the Office of Personnel Management within 30 days after the effective date. [Merit Rule 530:10-11-3]

The facility/unit will complete a “Request for Personnel Action” (OPM-14) when submitting a personnel transaction. The OPM-14 will be signed by the facility/unit head (or designee), and the original form will be sent, along with any required attachments, to the Transactions Unit in central Personnel. The materials are reviewed to determine if the requested action is accurate, complete, and adheres to relevant policies, rules, and statutes.

Once reviewed and approved, the OPM-14 and attachments will be used for data entry into the PeopleSoft Human Resources/Payroll system. A copy of the processed OPM-14 is scanned and e-mailed to the sending facility/unit. **The facility/unit HRMS is responsible for providing a copy of the approved OPM-14 to the affected employee.**

Examples of OPM-14s illustrating some of the more common personnel actions are included in this handbook. The Personnel Transactions Checklist (page 5) lists the attachments required for processing various personnel actions.

TYPES OF PERSONNEL ACTIONS

The “Request for Personnel Action” form (OPM-14) is to be used when requesting the following personnel actions:

1. Appointments

- a. Classified Initial Probationary Appointment (Merit Rule 530:10-11-30)
(including appointments from certificates, direct hires, and Persons with Severe Disabilities Employment Program)
- b. Interagency Transfer (Merit Rules 530:10-11-72, and 530:10-11-74)
- c. Reinstatement (Merit Rule 530:10-9-102)
- d. Unclassified (Title 74 Section 840-5.5 and 840-5.11)
- e. Temporary (Title 74 Section 840-5.5(A)(8))
- f. Other Appointments

2. Separations

- a. Resignations (Merit Rules 530:10-11-132 and 530:10-11-134)
- b. Discharge (Merit Rules 530:10-11-32 and 455:10-11-17)
- c. Transfer Interagency (Merit Rules 530:10-11-72, and 530:10-11-74)
- d. Expiration of Appointment
- e. Retirement
- f. Death

3. Changes

- a. Promotion (Merit Rule 530:10-11-55)
- b. Voluntary Demotion (Merit Rule 530:10-11-76)
- c. Involuntary Demotion (Merit Rule 455:10-11-16)
- d. Intra-Agency Transfer (Merit Rule 530:10-11-71)
- e. Detail to Special Duty (Merit Rule 530:10-11-110)
- f. Probationary Adjustment (Merit Rule 530:10-11-36)
- g. Other

4. Leave

- a. Leave Without Pay (Merit Rule 530:10-15-47 and 530:10-11-134)
- b. Unauthorized Absence (Merit Rule 530:10-15-47(a)(7))
- c. Suspension With Pay (Merit Rule 530:10-11-120)
- d. Suspension Without Pay (Merit Rule 455:10-11-15)
- e. Military Leave Without Pay (Merit Rule 530:10-15-44)
- f. Family Leave Without Pay (Merit Rule 530:10-15-45)
- g. Leave and First Preference Due to Work-Related Illness or Injury (Merit Rule 530:10-15-49)

PERSONNEL TRANSACTIONS CHECKLIST

Employee Name _____ (Last) _____ (First)

Place a check by the appropriate items and attach all items checked when submitting. **Please submit all documents together to ensure processing for payroll purposes.**

_____ OPM-14 Request for Personnel Action.

_____ OPM-92 Personnel Transaction Freeze Exception Request. (Required for appointments, details to special duty, and competitive promotions.) Not required for career progressions.

OTHER INFORMATION

IF CLASSIFIED APPOINTMENT

- _____ Copy of job announcement
- _____ Data Summary Sheet
- _____ W-4 Form
- _____ Employee Longevity Service Certification Form (OPM 52)
- _____ Automatic Deposit Transmittal and copy of voided check
- _____ Copy of I-9/E-Verify Authorization and supporting documents

OPM-14, Remarks Section

- _____ Probation period noted (one year)
- _____ Regular days off

IF REINSTATEMENT:

Items noted above, plus:

- _____ OPM-9 approved
- _____ "Notice of One Year Probationary Period" form (signed prior to effective date) OP-110235, Att. F
- _____ Copy of memo with HR Program Manager's approval of salary

IF APPLICABLE:

- _____ Tribal Affiliation Card
- _____ Copy of memo from Compensation Manager establishing Teacher's salary
- _____ If transferring from another agency, include the "Employee Transfer-In Payroll Information" form in the transaction guidelines handbook
- _____ If Direct Hire, include signed, original State employment application (form OPM-4) and copy of licensure
- _____ For RN or LPN, copy of Sign-on Pay Incentive Application

IF UNCLASSIFIED APPOINTMENT

- _____ Memo signed by Director establishing salary and appointment (not required for Temporary employees)
- _____ Automatic Deposit Transmittal and copy of voided check
- _____ Copy of I-9/E-Verify Authorization and supporting documents

- _____ W-4 Form *
- _____ Data Summary Sheet *
- _____ Employee Longevity Service Certification Form (OPM 52) *

* Not required if *current* employee has resigned from one position to accept another.

IF PROMOTION

- _____ Copy of job announcement
- _____ OPM-9 must be approved prior to the effective date of the transaction for a competitive position.
- _____ OPM-9 or career progression form must be approved the month of the transaction for a non-competitive position
- _____ Salary must be in accordance with OP-110340, II, A. (Attach copy of "Pay Upon Promotion" calculation sheet.)
- _____ Evaluation date (must be current)
- _____ If Inter-Agency promotion, "Notice of Six Month Trial Period" form (signed prior to effective date) OP-110235, Attachment G. (*In order to require a trial period, the employee's job prior to promotion must also be on DOC's pay plan.*)

IF LEAVE

Leave without pay

- _____ OPM-14 must specify type of LWOP (regular, Family, Military, Unauthorized Absence, Military Family)
- _____ Return from LWOP required upon employee's return to paid status (if not indicated on original OPM-14)

Suspension

- _____ Suspension With Pay
Written notice required

IF SEPARATION

- _____ Copy of all time sheets since the last month processed
- _____ Evaluation date if discharged (must be within one year)

OPM-14 Remarks:

- _____ Annual/Holiday/Administrative leave hours to be paid (Annual limited to 240 if under five years, 480 if over five years)
- _____ Sick Leave hours remaining
- _____ Note FMLA/Donated/Military and Enforced Leave Used
- _____ Expiration of Temporary Appointment: include total hours worked in temporary status

Upon Death

- _____ Annual leave/Holiday/Admin. leave hours (paid to estate)
- _____ Note final sick leave balance

IF CHANGES

Demotion

- _____ OPM-9 Approved
- _____ Voluntary Demotion.
Letter required from employee (Merit Rule 530:10-11-76)
- _____ Salary must be in accordance with OP-110340, II, C. (Attach copy of "Pay Upon Demotion" calculation sheet.)

Detail to Special Duty *

- _____ Salary must be in accordance with OP-110340, II, B. (Attach copy of "Pay Upon Promotion" calculation sheet.)
- _____ Detail may exceed 6 months (up to 12 months) only if the employee meets MQ's (approved OPM-9) and the position is a filled position which is temporarily vacant due to the incumbent's absence

* Detail is not required if employee is temporarily assigned duties of another job for less than 60 days in any 12 month period

*An OPM-14 is required upon Expiration of Detail to Special Duty

APPOINTMENTS—GENERAL INFORMATION

The “Appointments” section of the Request for Personnel Action (OPM-14) is used to indicate the type of appointment being made. (See Merit Rules 530:10-9-92, Appointments from Certificates; 530:10-9-102 Reinstatement to the Classified Service; 530:10-11-72, Interagency Transfer; 530:10-9-100, Optional Program for Hiring Applicants with Disabilities.)

The boxes for “Initial Probationary,” “Transfer Interagency,” and “Reinstatement” can be used only when the appointment involves a position in the classified service.

Use the “Unclassified” box for any appointment to the unclassified service except for temporary unclassified appointments. The unclassified appointment may involve a current DOC employee (classified or unclassified) who is accepting a new unclassified position.

Explain in the “Remarks” section the type of appointment and attach any pertinent documentation necessary for justification of the action. If the employee is to receive a pay differential, the type and amount must be listed.

Note: The employee’s name must be entered exactly as it appears on the Social Security card. The name cannot be changed on personnel records unless a new Social Security card is provided.

TYPE OF APPOINTMENT: *Classified Initial Probationary Appointment*

PURPOSE: This action is used for an original appointment to the classified service.

REQUIREMENTS:

- **Certificate Number** - Initial appointment to the classified service must be made from certificates except under specific conditions (see below). The **number** of the state certificate used in the appointment is to be indicated on the Request for Personnel Action form.
- **Direct Hire Authority** – DOC has been authorized by OPM to certify the qualifications of and appoint eligible applicants to the positions of Registered Nurse I, II, III; Licensed Practical Nurse I, II; and Patient Care Assistant II (Merit Rules 530:10-9-110 through 121.) Applicants will provide a signed, original State of Oklahoma Employment Application (form OPM-4) and photocopy of appropriate licensure, which will be forwarded to the Transactions Unit with the new hire packet. The facility/unit designee will certify that the applicant meets minimum qualifications for the job family level being filled, and will also ensure that all other hiring requirements are met (freeze exception, background investigation, etc.)
- Appointment of an employee through the Optional Program for Hiring Applicants with Disabilities (74 O.S. 840-4.12, Merit Rule 530:10-9-100) will be made by direct application to the agency; therefore, there will not be a state certificate number for this action (put N/A for the state certificate number).
- **Probationary Period** - **All** original appointments to classified positions will be made for a probationary period of **1 year** [Merit Rule 530:10-11-30(a)]. Under certain conditions outlined in OP-110235, the appointing authority may waive in writing the remainder of the probationary period after a probationary employee has served six months.

SALARY: The salary for all initial classified appointments will be set at the hiring rate established for the job. Salary upon reinstatement to the classified service will be determined by the central Personnel Unit. Entrance salary and annual salary adjustments for Correctional Teachers and Vocational Training Instructors shall be determined by the central Personnel Unit in accordance with Title 57 O.S. section 510.6a.

REMARKS: Include in the Remarks section the employee's regular days off, as well as information concerning part-time status, pay/shift differentials, or other pertinent details.

ATTACHMENTS:

- **Personnel Transaction Freeze Exception Request** – An approved OPM-92 form which authorizes an exception to the hiring freeze. (An OPM-92 is not required for appointments to Correctional Security Officer I, Registered Nurse I/II/III, Licensed Practical Nurse I/II, or Patient Care Assistant I/II.)
- **Optional Program for Hiring Applicants with Disabilities** – Letters from the Department of Rehabilitation Services and Office of Personnel Management indicating that the employee has been certified as having a disability, and also meets all minimum qualifications of education and experience.
- For **Correctional Teachers and Vocational Training Instructors**, include a copy of the memo from the agency Compensation Manager which establishes the monthly salary.
- For **Direct Hires** (LPN, RN, PCA II positions), include the signed, original State of Oklahoma Employment Application (form OPM-4) and photocopy of appropriate licensure.

**INITIAL APPOINTMENT
FROM E-LIST**

State of Oklahoma
Office of Personnel Management
REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input checked="" type="checkbox"/> Initial Probationary State E-List Number: 56372 <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
	OPM JOB CODE & TITLE	Construction & Maintenance Tech III, F41C
	UNIT / DEPT ID / CLAIM GROUP	JBCC 1311100 141
	PAY BAND / SALARY	Band H, \$2,224.49
	PIN NUMBER / WLOC CODE	1310XXXX 21JB
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Employee to serve a one year probationary period. Employee will participate in OPERS Standard Retirement.

RDO: Saturday/Sunday

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services

Signed: _____ Date: _____
Division Chief or Department/Title

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, Mary J.		
Social Security Number 123-45-6789	PeopleSoft Employee ID	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: _____ <input type="checkbox"/> Transfer Interagency: _____ <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration: _____		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
	OPM JOB CODE & TITLE	Licensed Practical Nurse II, Y11B
	UNIT / DEPT ID / CLAIM GROUP	MBCC Medical 6363116 139
	PAY BAND / SALARY	Band H, \$2,506.42
	PIN NUMBER / WLOC CODE	1310XXXX 30ME
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS: No OPM-92 required.

Direct Hire to professional practice licensure position, per MR 530:10-9-111. Employee to serve one year probationary period. Employee authorized to receive \$1.80 per hour night shift differential. Employee will participate in OPERS Standard Retirement.

RDO: Saturday/Sunday

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
 Division Chief or Department/Title

TYPE OF APPOINTMENT: *Interagency Transfer*

PURPOSE: An interagency transfer appointment occurs when a permanent classified employee transfers from a position in another agency to a classified position in our agency (See Merit Rules 530:10-11-72 and 530:10-11-74.)

REQUIREMENTS:

- The transfer may be to a position in the same job or to another job family in the same pay band (Lateral transfer); to a job family at a higher pay band (Promotion); or to a job family at a lower pay band (Demotion).
- An employee must complete the probationary period and attain permanent status in the classified service before being eligible for a transfer (see Merit Rule 530:10-11-39) except as provided in Merit Rule 530:10-11-74, Interagency Transfer of Personnel Resulting From Transfer of Facility or Function.
- An employee who is promoted interagency may be required to serve a six month trial period in the new job if the facility/unit has the job family level from which the employee promoted, and if the employee is notified in writing of the requirement to serve a trial period prior to the effective date of the promotion. [See Merit Rule 530:10-11-55(b), Trial Period After Interagency Transfer.]]
- An employee may be placed on a probationary period (in the classified service) only if they resign their current position and are reinstated at the Department of Corrections to the classified service. Before the effective date of the reinstatement, the employee must be informed in writing of the requirement to serve a probationary period (using Attachment F of OP-110235). If the employee does not satisfactorily complete the probationary period, they may be discharged in accordance with Merit Rule 530:10-11-32 and OP-110415.
- A copy of the approved OPM-9 (Request to Evaluate Qualifications) must be attached.

SALARY:

- **INTER-AGENCY LATERAL TRANSFER:** Employees who transfer to a position in the same job family level or another job family level with the same pay band assignment will receive the same rate of pay as before the transfer. If the employee's salary after the transfer is below the job's general hiring rate, a salary adjustment for the difference, using one of the approved pay movement mechanisms, will be accomplished by the central Personnel Unit in order to bring the employee's pay to the job's general hiring rate. [See Merit Rule 530:10-7-14(d), Rate of Pay When Transferred Interagency; and OP-110340, Employee Compensation].
- **INTER-AGENCY PROMOTION:** Salary on promotion will equal the hiring rate for the new job plus the dollar amount the employee was receiving above the hiring rate of their old job, except that the rate of pay upon promotion: must be at least 5% above the salary the employee was receiving before the promotion; must not be below the minimum of the new pay band nor less than the general hiring rate for the job; must not exceed 20% above the salary the employee was receiving before the promotion, nor exceed the maximum of the new pay band. Because hiring rates may vary by agency, DOC's hiring rates should be used for both the old job and the new job when calculating promotional salary. [See Merit Rule 530: 10-7-14(b) Rate of Pay Upon Promotion or Career Progression; and OP 110340].
- **INTER-AGENCY DEMOTION:** Pay upon demotion will be computed by reducing an employee's salary by 5% for each pay band demoted. If the job to which the employee is demoting is in the same pay band but at a lower level in the same job family, the employee's rate of pay will be reduced by 5%. Pay upon demotion will be set between the general hiring rate and maximum of the pay band assigned to the job family level to which demoted. Rate of pay will not exceed the employee's rate of pay prior to

demotion. If an employee's rate of pay prior to the demotion is less than the general hiring rate of the job to which they are demoting, the rate of pay upon demotion will remain the same, and a salary adjustment, using an approved pay movement mechanism, will be accomplished by the central Personnel Unit following the demotion, as a separate personnel transaction. This salary adjustment will set the employee's pay at the job's general hiring rate. [See Merit Rule 530: 10-7-14(c) Rate of Pay when Demoted; and OP- 110340].

REMARKS: The amount of annual leave (up to 80 hours) and sick leave to be transferred must be listed, as well as the employee's regular days off. If appropriate, indicate Part-time, Shift Differential, etc. in the remarks section when these apply.

ATTACHMENTS:

- Personnel Transaction Freeze Exception Request – An approved OPM-92 form which authorizes an exception to the hiring freeze.
- Notice of Six-Month Trial Period Required – If a trial period is required, include a copy of the letter signed by the employee **prior** to the effective date of the action. (Sample on page 14)
- Employee Transfer-In Payroll Information – This form should be completed by the sending agency and a copy included in the new enrollment packet. (Sample on pages 15-16)
- For Correctional Teachers and Vocational Training Instructors, include a copy of the memo from the agency Compensation Manager which establishes the monthly salary.

Notice of Six-Month Trial Period Required For Interagency Promotion

Date: 9-26-2012

To: John B. Doe
Employee

From: XXXXX, Warden
Appointing Authority

Mabel Bassett Correctional Center
Facility/Unit

RE: REQUIREMENT FOR A SIX-MONTH TRIAL PERIOD

Your promotion to the position of Administrative Assistant I, Pay Band H is effective 10-1-2012. In accordance with applicable Merit Rule and OP-110235, you will be required to successfully complete a six-month trial period prior to becoming permanent in your new position. During the trial period you may be returned to your former position or another position in accordance with applicable Merit Rules. Unless notified otherwise, the trial period will terminate at the end of your regular scheduled work day/shift, six months from the effective date listed above.

XXXX Warden
Signature of Appointing Authority

9-26-2012
Date

John B. Doe
Signature of Employee

9-26-2012
Date

Distribution: Employee
Field Personnel File
Forward to the Central Personnel Unit with OPM-14

Memorandum

DATE: _____

TO: _____

FROM: _____
Personnel Officer/Representative

SUBJ: **EMPLOYEE TRANSFER-IN**

An employee of your agency, _____, ID # _____, is transferring to the Department of Corrections effective _____. Please furnish the information requested on the attached form, and return the form to our office by mail, or FAX it to _____, Attention: _____.

Thank you for your assistance.

EMPLOYEE TRANSFER-IN PAYROLL INFORMATION

The Department of Corrections will accept all accrued Sick Leave and up to 80 hours of Annual Leave. We would appreciate it if you would provide a copy of the employee's current:

- ◆ *OPM-14*
- ◆ *Longevity Certification Form*
- ◆ *SoonerChoice Change Request Form (showing Inter-Agency Transfer)*

Your Agency Name/Number:		
Name/Phone Number of Person Completing Form:		
Employee Name:	Empl ID:	SSN:
Job Title:	Job Code:	
Pay Band & Salary:		
Last Date on Payroll:		
Your Payroll Frequency:		
Sick Leave Balance:	As of:	Transfer to DOC: (All)
Annual Leave Balance:	As of:	Transfer to DOC: (Up to 80)
Enforced Leave Used Year To Date:		
Shared Leave Used To Date:		
Military Leave Used Since Last October 1:		
Family Leave Used During Last 12 Months:		
Original State EOD:		
Longevity Date:	Leave Accrual Date:	
Date Insurance Paid Through:		
Health Care Spending Account Dollar Amount	\$	
Dependent Care Spending Account Dollar Amount	\$	
Deferred Compensation Amount	\$	
Retirement Plan (OPERS, OLERS, or Teachers):		
Other Deductions (Including other insurances):	Name	\$ Amount

TYPE OF APPOINTMENT: *Reinstatement to the Classified Service*

PURPOSE: A permanent employee who leaves the classified service is eligible for reinstatement for a period of time that is equal to the total period of service in a probationary or subsequently permanent status. If a permanent employee leaves a classified position to accept a regular unclassified position within 30 calendar days, the period of time the person is eligible for reinstatement shall begin on the date the employee is separated from the unclassified service. Unclassified service time does not add to or subtract from the period of time eligible for reinstatement. (See Merit Rule 530:10-9-102, Reinstatement to the Classified Service.)

REQUIREMENTS:

- A permanent classified employee who has left the classified service must be certified by OPM as being eligible for reinstatement and possessing the qualifications for the position **before** the action can take place. [Merit Rule 530:10-9-10 and 530:10-9-102(c)]
- If notified in writing **prior** to the effective date, the appointing authority **may require** the reinstated employee to serve a probationary period with the agency. The probationary period may be for the maximum period required for an original appointment (one year) or for a shorter period. Extensions of the probationary period are not permitted. [Merit Rule 530:10-9-102(d)]

SALARY: Salary upon reinstatement to the classified service will be determined by the central Personnel Unit.

- After a 30 day break in service **or** to a job family level that was not held at the time the individual last terminated:

The individual will receive base pay similar to other employees in the job family level to which they are reinstated with approximately the same length of state service; however, no employee's pay shall be set above the pay band maximum.
- If less than a 30 day break in service **and** to the same job family level held at the time the individual last terminated:

The individual will receive the same base pay provided prior to termination; however, this rate of pay shall not be set above the pay band maximum; if the individual's previous rate of pay exceeded the pay band maximum their rate of pay upon reinstatement will be set at the pay band maximum. (See Merit Rule 530:10-7-4, Rate of Pay Upon Reinstatement to the Classified Service; and OP-110340.)

REMARKS: Include the employee's regular days off, as well as information concerning part-time status, pay/shift differentials, or other pertinent details. **Note any sick leave hours that are being reinstated (up to 160 hours, if re-employed within 2 years); or any annual or sick leave hours being transferred from another agency.**

ATTACHMENTS:

- **Personnel Transaction Freeze Exception Request** – An approved OPM-92 form which authorizes an exception to the hiring freeze.
- **Notice of Probationary Period Required** – If a probationary period is required, include a copy of the letter signed by the employee prior to the effective date of the action. (Sample on page 20)
- **Approved OPM-9** – Include a copy of the OPM-9 approving the employee for reinstatement to the appropriate job.

- Salary Memo - Include a copy of the memo from the central Personnel Unit which establishes the reinstatement salary.
- For Correctional Teachers and Vocational Training Instructors, include a copy of the memo from the agency Compensation Manager which establishes the monthly salary.

**REINSTATEMENT TO THE
CLASSIFIED SERVICE**

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input checked="" type="checkbox"/> Reinstatement: <input checked="" type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
	OPM JOB CODE & TITLE	Correctional Security Officer III, I10C
	UNIT / DEPT ID / CLAIM GROUP	MBCC 0911100 139
	PAY BAND / SALARY	Band H, \$ (salary determined by Personnel Unit)
	PIN NUMBER / WLOC CODE	1310XXXX 30MB
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Employee to serve a one year probationary period. Employee will participate in 20 Year Retirement plan. Reinstating _____ hours of Sick Leave.

RDO: Monday/Tuesday

Signed: _____
Appointing Authority/Title

Date: _____

Signed: _____
Deputy Director, Administrative Services

Date: _____

Notice of Probationary Period Required For Reinstatement to the Classified Service

Date: 9-26-2012

To: John B. Doe
Employee

From: XXXXX, Warden
Appointing Authority

Mabel Bassett Correctional Center
Facility/Unit

RE: REQUIREMENT FOR A PROBATIONARY PERIOD

Your reinstatement to a position in the classified service is effective 10-1-2012. In accordance with applicable Merit Rule and OP-110235, you will be required to serve a probationary period of one year.
(length of probationary period, up to 1 year)

XXXX, Warden
Signature of Appointing Authority

9-26-2012
Date

John B. Doe
Signature of Employee

9-26-2012
Date

Distribution: Employee
Field Personnel File
Forward to the Central Personnel Unit with OPM-14

TYPE OF APPOINTMENT: *Unclassified Appointment*

PURPOSE: This action is used when the appointment is to a regular unclassified job. (Temporary unclassified appointments are discussed separately.)

REQUIREMENTS:

- Appointments to the unclassified service are accomplished through Title 74, Section 840.5-11.
- A classified employee may not be assigned to an unclassified position unless the employee so desires and the acceptance of such a position is made in writing. An employee appointed to a temporary or acting position may alternatively request leave without pay from the classified position while assigned to the unclassified position. (See Merit Rule 530:10-11-134, Resignation or Leave Without Pay to Accept an Unclassified Position.)

SALARY: Recommended salaries for unclassified employees must be approved, prior to the time of appointment, by the Director.

REMARKS: The statutory cite authorizing the appointment (74 O.S. 840-5.11) should be indicated in the Remarks section, in addition to regular days off.

ATTACHMENTS:

- Personnel Transaction Freeze Exception Request – An approved OPM-92 form which authorizes an exception to the hiring freeze.
- Letter of Resignation/Leave Without Pay – If the employee is a current classified employee, he/she must provide a letter of resignation or request for leave without pay from the classified service.
- Director's Approval – Include a letter with the Director's approval of the unclassified appointment and salary.

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input checked="" type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Unit Manager, I15A	OPM JOB CODE & TITLE	Deputy Warden I, 8345
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	MBCC 0911100 139
Band L, \$3318.89	PAY BAND / SALARY	\$4927.04 per month
1310XXXX 21JB	PIN NUMBER / WLOC CODE	1310XXXX 30MB
IS THIS A SUPERVISORY POSITION?		Check One: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS:

Employee resigning Classified position to accept Unclassified appointment, per 74 O.S. 840-5.11. Employee will participate in OPERS Standard Retirement.

RDO: Saturday/Sunday

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

Interoffice Memorandum

DATE:

TO: Appointing Authority's Name

FROM: Employee

SUBJ: REQUEST FOR LEAVE WITHOUT PAY

I am requesting leave without pay from the classified service effective _____ to accept an unclassified position on a temporary basis in accordance with Merit Rule 530:10-11-134(b).

cc: Personnel File

**LEAVE W/O PAY FOR TEMPORARY
UNCLASSIFIED APPOINTMENT**

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input checked="" type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Unit Manager, I15A	OPM JOB CODE & TITLE	Deputy Warden I, 8345
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	MBCC 0911100 139
Band L, \$3318.89	PAY BAND / SALARY	\$4927.04 per month
1310XXXX 21JB	PIN NUMBER / WLOC CODE	1310XXXX 30MB
	IS THIS A SUPERVISORY POSITION?	Check One: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS:

Employee requests leave without pay from Classified position to accept temporary Unclassified appointment, per 74 O.S. 840-5.11. Employee will participate in OPERS Standard Retirement.

RDO: Saturday/Sunday

Signed: _____
Appointing Authority/Title

Date: _____

Signed: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

Date: _____

TYPE OF APPOINTMENT: *Temporary Appointment*

PURPOSE: Temporary unclassified employees are authorized by Title 74, Section 840-5-5(A)(8) to work less than one thousand (1,000) hours in any twelve month period. The hours may be at one agency, or a combination of hours worked as a temporary employee for different agencies. Before offering an applicant a temporary position with the agency, it should be determined if the applicant has worked as a temporary for another agency within the past year and, if so, how many total hours have been worked.

SALARY: Pay for temporary employees will be an hourly amount that is equal to the comparable job's hiring rate, unless a different rate of pay has been established and approved by the Director. For "Proposed Salary" on the OPM-14, list the hourly rate.

REMARKS: The statutory cite "74 O.S. 840-5-5(A)(8)" should be indicated in the remarks section. It is also necessary to list the number of hours the employee is scheduled to work per week and the percentage (out of 40 hours) that that represents. Example: "Employee to work 20 hours per week (50% of full time)"

ATTACHMENTS:

- Personnel Transaction Freeze Exception Request – An approved OPM-92 form which authorizes an exception to the hiring freeze.
- Director's Approval – If the salary is other than the hourly equivalent of the job's hiring rate, include a copy of the letter with the Director's approval.

TEMPORARY APPOINTMENT

State of Oklahoma
Office of Personnel Management
REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
	OPM JOB CODE & TITLE	Temporary LPN II, 0020
	UNIT / DEPT ID / CLAIM GROUP	Medical/JBCC 6363109 141
	PAY BAND / SALARY	\$14.46 per hour
	PIN NUMBER / WLOC CODE	1310XXXX 21ME
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Temporary employee per 74 O.S. 840-5.5(A)(8), not to exceed 999 hours in a 12-month period (from 10-1-2012 to 9-30-2013). Employee to work 30 hours per week (75% of full time).

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

TYPE OF APPOINTMENT: *Carl Albert Public Internship Program*

PURPOSE: The purpose of this program is to assist students at institutions of higher education in gaining experience and knowledge in state government and to encourage recruitment of such students to pursue careers in state government service. Appointees from this program will be of two types, Undergraduate Interns and Executive Fellows. These employees do not count against agency FTE limits.

REQUIREMENTS:

Undergraduate Interns: To be considered for eligibility determination, applicants must have completed at least 24 semester hours of coursework with at least a 2.5 cumulative grade point average on a 4.0 scale. Participants who receive internship appointments shall not be employed for more than two semesters or 999 hours, and must meet all other requirements outlined in MR 530:10-17-74(b).

Executive Fellows: This program consists of six-month to two-year placements in professional or managerial level positions for students. To be considered for eligibility determination, applicants must have completed a baccalaureate degree and at least six semester hours of graduate level coursework with at least a 3.0 grade point average. Participants are granted leave benefits and are enrolled in insurance and retirement programs, if expected to work 1000 or more hours per year. Participants must meet all other requirements outlined in MR 530:10-17-75(b).

SALARY: The salary for both Undergraduate Interns and Executive Fellows participants will be an hourly amount that is equal to the comparable job's hiring rate, unless a different rate of pay has been established and approved by the Director.

REMARKS: Indicate "Regular Unclassified appointment as an Executive Fellow with benefits for six months to two years under the Carl Albert Public Internship Program, in accordance with Title 74 O.S. Section 840-5.5(A)(10)" or "Temporary appointment as an Undergraduate Intern without benefits limited to 999 hours (beginning xx-xx-xx through xx-xx-xx) under the Carl Albert Public Internship Program, in accordance with Title 74 O.S. Section 840-5.5(A)(8)."

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
	OPM JOB CODE & TITLE	Correctional Case Manager, 0286
	UNIT / DEPT ID / CLAIM GROUP	JBCC 1311100 141
	PAY BAND / SALARY	\$13.69 per hour
	PIN NUMBER / WLOC CODE	1310XXXX 21JB
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Appointment as an Undergraduate Intern without fringe benefits for a period limited to 999 hours from 10-1-2012 to 9-30-2013, in accordance with the Carl Albert Public Internship Program. 74 O.S. § 840-3.4

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
	OPM JOB CODE & TITLE	Correctional Case Manager, 0287
	UNIT / DEPT ID / CLAIM GROUP	JBCC 1311100 141
	PAY BAND / SALARY	\$13.69 per hour
	PIN NUMBER / WLOC CODE	1310XXXX 21JB
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Appointment as an Executive Fellow intern with fringe benefits for six months to two years, in accordance with the Carl Albert Public Internship Program. 74 O.S. § 840-3.4

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

SEPARATIONS—GENERAL INFORMATION

Separation actions ordinarily occur when an employee is ending their employment with our agency. There are instances when this type of action will be used if the employee is separating from a position within our agency, instead of actually separating from the agency itself.

An employee will need to resign the position being occupied and be re-appointed to another position if:

- The employee leaves the classified service to accept a position in the unclassified service.
- The employee resigns from a position in our agency that is unclassified to accept a position in our agency that is classified.
- The employee is resigning from one position that is unclassified to accept another position that is unclassified.

Special Requirements:

- The Office of Personnel Management requires that the date of the last employee performance review be indicated when the separation action is a Discharge.
- The “Transfer Interagency” box can be used only when the action involves a permanent classified employee transferring from our agency to a classified position in another agency.
- Payment for pro-rated longevity can only be made when the separation action is a “Retirement,” a “Reduction-in-Force,” or “Death.”
- Employees cannot be paid for annual leave accrued over the limit of 240 hours for less than 5 years of service or 480 hours for employees with over 5 years of service.

TYPE OF SEPARATION: *Resignation*

PURPOSE: A resignation is an employee's voluntary termination of his or her employment with the state. For a classified employee, it includes the forfeiture of status in the classified service.

REQUIREMENTS:

- To resign in good standing, the employee must give the appointing authority at least 14 calendar days prior notice unless the appointing authority agrees in writing to a shorter period of notice. (See Merit Rule 530:10-11-132, Method of Resignation.)
- Before a classified employee can participate in any prohibited activity described in the constitution or laws of the state of Oklahoma, the employee must resign or be subject to penalty by law. (See Merit Rule 530:10-11-93, Resignation Prior to Prohibited Activity.)
- Before a classified employee can accept an unclassified position, the employee must resign from the classified service. (Alternatively, an employee appointed to a temporary or acting position in the unclassified service may request leave without pay status.) The desire to accept an unclassified position must be made by the employee in writing. (See Merit Rule 530:10-11-134, Resignation or Leave Without Pay to Accept an Unclassified Position.)
- Resignation is also used when a regular unclassified employee separates from the agency or a position.

REMARKS: Include the hours of annual leave, holiday, and/or administrative (AE) leave for which the employee is to be paid, and hours of sick leave to remain on the books. (Employees who leave state service and are re-employed with the department within two years will have their sick reinstated up to a maximum of 160 hours.) Final leave balances will be listed only to 2 decimal places. For example, if the PeopleSoft system shows a balance of 185.639871 hours, the final 4 digits will be dropped and 185.63 hours will be listed on the OPM-14.

Also indicate the number of hours of Family Leave, Military Leave, Shared Leave, and Enforced Leave the employee has used. When the resignation action coincides with an appointment within the agency, leave does not need to be mentioned. All benefits remain the same.

Regular days off must be listed.

ATTACHMENTS:

- Copies of current time sheet and all time sheets since the last month processed by the time/leave system.

RESIGNATION

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 9-30-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: _____ <input type="checkbox"/> Transfer Interagency: _____ <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input checked="" type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Unit Manager, I15A	OPM JOB CODE & TITLE	
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	
Band L, \$3318.89	PAY BAND / SALARY	
1310XXXX 21JB	PIN NUMBER / WLOC CODE	
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS:

Employee to be paid for 75.29 hours of Annual Leave, 16 hours of Holiday, and 2 hours of Administrative (AE) Leave. 84.25 hours of Sick Leave to remain. (If appropriate, indicate any hours being transferred to another state agency.)

FMLA/MFMLA (12week) currently used: 56.5 hrs (start date: xx-xx-xx) MFMLA (26week) used: 712.75 hrs (start date: xx-xx-xx)

Lifetime Donated Leave used: 2088 hrs

Current Fiscal Year Military used: 240 hrs Current Year Enforced Used: 80 hrs RDO: Saturday/Sunday

Signed: _____
Appointing Authority/Title

Date: _____

Signed: _____
Deputy Director, Administrative Services

Date: _____

TYPE OF SEPARATION: *Discharge*

PURPOSE: This action is used when a probationary, permanent, or regular unclassified employee is discharged.

REQUIREMENTS:

- A permanent classified employee may be discharged for: misconduct, insubordination, inefficiency, habitual drunkenness, inability to perform the duties of the position in which employed, willful violation of the Oklahoma Personnel Act or Merit Rules, conduct unbecoming a public employee, conviction of a crime involving moral turpitude, or any other just cause.
- Before any permanent classified employee may be terminated, the employee shall be afforded a pretermination hearing in accordance with Merit Rule 455:10-11-17 and OP-110415. If the decision by the appointing authority is to proceed with termination, the tape of the hearing and all of the evidence used to support the termination will be provided to the legal division for review within forty-eight hours after the hearing. No termination of an employee will be finalized until the appointing authority is notified by the Legal division that the termination may proceed.
- Within ten working days after the pretermination hearing, the employee shall be provided written notice of the final action, by personal service or certified or registered mail.
- Probationary and unclassified employees are employees at will, are not entitled to notice or opportunity to respond, and may be discharged with or without cause, without any right of appeal (74 O.S. § 840-4.13D. and 5.1A., and Merit Rule 530:10-11-32). A probationary employee will be discharged upon any conviction for, or plea of guilty, or nolo contendere to a felony. An unclassified employee who is found guilty, pleads guilty or nolo contendere to a felony will forfeit employment immediately upon entering such plea. (See OP-110415)
- The last performance appraisal date must be listed on the OPM-14.

PLEASE NOTE: Employees cannot be paid for annual leave accrued over the limit of 240 hours for less than 5 years of service or 480 hours for employees with over 5 years of service.

REMARKS: Include the hours of annual leave, holiday, and/or administrative (AE) leave for which the employee is to be paid, and hours of sick leave to remain on the books. Also indicate the number of hours of Family Leave, Military Leave, Shared Leave, and Enforced Leave the employee has used.

Regular days off must be listed.

ATTACHMENTS:

- Copies of current time sheet and all time sheets since the last month processed by the time/leave system.

DISCHARGE

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 9-24-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: _____ <input type="checkbox"/> Transfer Interagency: _____ <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input checked="" type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review: 6-30-2012
LEAVE: Specify Duration: _____		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Unit Manager, I15A	OPM JOB CODE & TITLE	
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	
Band L, \$3318.89	PAY BAND / SALARY	
1310XXXX 21JB	PIN NUMBER / WLOC CODE	
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS:

Employee to be paid for 75.29 hours of Annual Leave, 16 hours of Holiday, and 2 hours of Administrative (AE) Leave. 84.25 hours of Sick Leave to remain.

FMLA/MFMLA (12week) currently used: 56.5 hrs (start date: xx-xx-xx) MFMLA (26week) used: 0 hrs (start date: xx-xx-xx) Lifetime Donated Leave used: 0 hrs

Current Fiscal Year Military used: 0 hrs Current Year Enforced Used: 48 hrs

RDO: Saturday/Sunday

Signed: _____
Appointing Authority/Title

Date: _____

Signed: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

Date: _____

TYPE OF SEPARATION: *Transfer Interagency*

PURPOSE: A transfer interagency occurs when a permanent classified employee vacates a position in our agency then enters a classified position in another agency without a break in service. (See Merit Rule 530:10-11-72 and 530:10-11-74.)

REQUIREMENTS:

- An employee must have completed the probationary period and attained permanent status in the classified service before being eligible for a transfer (Merit Rule 530:10-11-39) except as provided in Merit Rule 530:10-11-74.
- If the employee is accepting an unclassified position at another state agency, our OPM-14 must list the separation as a “Resignation”, rather than “Transfer Interagency”.

REMARKS: State the amount of annual leave and sick leave to be transferred and the hours of annual leave, holiday and Administrative (AE) hours for which the employee is to be paid. Also indicate the number of hours of Family Leave, Military Leave, Shared Leave, and Enforced Leave the employee has used.

NOTE: The total hours of annual leave to be paid and transferred cannot exceed 240 hours for less than five years of service or 480 hours for over five years of service.

ATTACHMENTS:

- Copies of current time sheet and all time sheets since the last month processed by the time/leave system.

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 9-30-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input checked="" type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review: 6-30-2012
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Unit Manager, I15A	OPM JOB CODE & TITLE	
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Department of Human Services
Band L, \$3318.89	PAY BAND / SALARY	
1310XXXX 21JB	PIN NUMBER / WLOC CODE	
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS:

Employee to be paid for 25.29 hours of Annual Leave, 16 hours of Holiday, and 2 hours of Administrative (AE) Leave. 84.25 hours of Sick Leave and 80.00 hours of Annual Leave transferring to DHS.

FMLA/MFMLA (12week) currently used: 56.5 hrs (start date: xx-xx-xx) MFMLA (26week) used: 0 hrs (start date: xx-xx-xx)

Lifetime Donated Leave used: 2088 hrs

Current Fiscal Year Military used: 240 hrs Current Year Enforced Used: 40 hrs RDO: Saturday/Sunday

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

TYPE OF SEPARATION: *Expiration of Appointment*

PURPOSE: An Expiration of Appointment occurs when an incumbent who was on temporary, student, or time-limited appointment separates from the agency or position.

REMARKS: When the expiration of an appointment involves a temporary appointment, the total hours worked as a temporary employee for the agency must be listed. All temporary employees must have an expiration of appointment completed no later than one year from their starting date.

**EXPIRATION OF APPOINTMENT
(TEMPORARY)**

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 9-30-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input checked="" type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review: 6-30-2012
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Temporary LPN II, 0020	OPM JOB CODE & TITLE	
Medical/JBCC 6363109 141	UNIT / DEPT ID / CLAIM GROUP	
\$13.45 per hour	PAY BAND / SALARY	
1310XXXX 21ME	PIN NUMBER / WLOC CODE	
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS:

Total hours worked in temporary status: 774.50

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

TYPE OF SEPARATION: *Retirement*

PURPOSE: This action is to be used when any permanent classified or unclassified employee is retiring from the agency. (See OP-110360 entitled “Employee Flexible Benefits and Retirement Plans”)

REQUIREMENTS:

- Employees are responsible for the timely and accurate completion of all forms and supplying any required supporting documentation pertinent to their retirement plan. (OP-110360)
- The effective date of retirement is always the last day of the month in pay status or on leave without pay.

REMARKS: Include the hours of annual leave, holiday, and/or administrative (AE) leave for which the employee is to be paid, and the final sick leave balance. Also indicate the number of hours of Family Leave, Military Leave, Shared Leave, and Enforced Leave the employee has used.

NOTES:

- Employees who are retiring will receive a prorated longevity check.
- Employees cannot be paid for annual leave accrued over the limit of 240 hours for less than 5 years of service or 480 hours for employees with over 5 years of service.

ATTACHMENTS:

- Copies of current time sheet and all time sheets since the last month processed by the time/leave system.

RETIREMENT

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
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Approval of the following action is requested for (include last name, full first name and middle initial.):
DOE, John B.

Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 9-30-2012
----------------------------------------------	-----------------------------------------	---------------------------------------------------

<p>APPOINTMENTS:</p> <input type="checkbox"/> Initial Probationary State E-List Number: _____	<p>SEPARATIONS:</p> <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input checked="" type="checkbox"/> Retirement <input type="checkbox"/> Death	<p>CHANGES:</p> <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
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Date of Last Service Review: 6-30-2012

LEAVE: Specify Duration:

<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
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CURRENT		PROPOSED
Unit Manager, I15A	OPM JOB CODE & TITLE	
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	
Band L, \$3318.89	PAY BAND / SALARY	
1310XXXX 21JB	PIN NUMBER / WLOC CODE	
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS:

Employee to be paid for 75.29 hours of Annual Leave, 16 hours of Holiday, and 2 hours of Administrative (AE) Leave. 84.25 hours of Sick Leave to remain.

FMLA/MFMLA (12week) currently used: 56.5 hrs (start date: xx-xx-xx) MFMLA (26week) used: 712.75 hrs (start date: xx-xx-xx) Lifetime Donated Leave used: 2088 hrs

Current Fiscal Year Military used: 240 hrs Current Year Enforced Used: 80 hrs

RDO: Saturday/Sunday

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

TYPE OF SEPARATION: *Death*

REMARKS: State the date the employee died (this date should be the same as the Effective Date of Transaction). Include the hours of annual leave, holiday, and/or administrative (AE) leave for which the employee is to be paid, and the final sick leave balance. The final paychecks will be issued to the “Estate Of (Employee Name)”.

NOTE: Prorated longevity will be paid to the “Estate Of (Employee Name)”.

Payment cannot be made for leave accrued over the limit of 240 hours for less than 5 years of service or 480 hours for employee with over 5 years of service.

ATTACHMENTS:

- Copies of current time sheet and all time sheets since the last month processed by the time/leave system.

DEATH

State of Oklahoma
Office of Personnel Management
REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections Agency Number 131 Current Date 10-1-2012

Approval of the following action is requested for (include last name, full first name and middle initial.):
DOE, John B.

Social Security Number 123-45-6789 PeopleSoft Employee ID 123456 Effective Date of Transaction 9-27-2012

APPOINTMENTS: SEPARATIONS: CHANGES:
Initial Probationary State E-List Number:
Transfer Interagency:
Reinstatement:
Unclassified: By Law, Cite Authority in Remarks
Temporary
Direct Hire Authority
Resignation
Discharge
Reduction in Force (Letter Required)
Transfer Interagency
Expiration of Appointment
Retirement
Death
Transfer Within Agency
Name Change
Promotion: Trial Period Required
Voluntary Demotion (Letter Required)
Demotion
Detail to Special Duty
Expiration of Detail to Special Duty
Probationary Period Adjustment
Other

Date of Last Service Review: 6-30-2012

LEAVE: Specify Duration:
Sick Leave Without Pay
Leave Without Pay
Return From Leave
Military Leave With Pay
Military Leave Without Pay
Suspension With Pay (Letter Required)
Suspension Without Pay
Return From Suspension
Other (Explain in Remarks Section)

Table with columns: CURRENT, PROPOSED. Rows include Unit Manager, JBCC, Band L, PIN NUMBER, and IS THIS A SUPERVISORY POSITION?

REMARKS: Date of Death: 9-27-2012
Employee's Estate to be paid for 75.29 hours of Annual Leave, 16 hours of Holiday, and 2 hours of Administrative (AE) Leave. 84.25 hours of Sick Leave to remain.
FMLA/MFMLA (12week) currently used: 56.5 hrs (start date: xx-xx-xx) MFMLA (26week) used: 0 hrs (start date: xx-xx-xx)
Lifetime Donated Leave used: 2088 hrs
Current Fiscal Year Military used: 0 hrs Current Year Enforced Used: 80 hrs RDO: Saturday/Sunday

Signed: _____ Date: _____
Appointing Authority/Title
Signed: Deputy Director, Administrative Services Date: _____
Division Chief or Department/Title

CHANGES—GENERAL INFORMATION

This section of the OPM-14 form includes actions which affect an employee's current status. Examples include: promotion, demotion, detail to special duty, and name change.

The Office of Personnel Management requires that the date of the last performance appraisal be indicated when the action request involves a promotion or a demotion.

Before an employee can receive a promotion, demotion, or lateral transfer, the employee must be certified by OPM as having met the minimum qualifications for the new job family level.

TYPE OF CHANGE: *Promotion*

PURPOSE: A promotion is the reclassification of a classified employee to a different job with a higher pay band assignment. A career progression is an intra-agency promotion in which an employee is advanced from one level of a job family to a higher non-supervisory level in the same job family.

REQUIREMENTS:

- Before an employee can be promoted, OPM must certify that the employee possesses the qualifications for the job family level. (See Merit Rule 530:10-9-10 Required Certification of Qualifications before Promotions, Demotions, Transfer and Reinstatements.) An employee cannot be promoted prior to the month that OPM has certified that they are qualified (approval of OPM-9) for the position.
- All promoted employees will be required to serve a 6 month trial period except for those promotions identified in OP-110235 as career progression. [Merit Rule 530:10-11-55(a)(1)]
- If a promoted employee serving a trial period does not prove to be satisfactory in the new job, the employee shall be reinstated to the former position or to another position in the same job family level at the salary the employee would have received if the promotion had not taken place. The reasons for denying permanent status shall be submitted in writing to the individual before the end of the trial period and a copy filed with OPM. [Merit Rule 530:10-11-55 (a)(2)]
- The date of the most recent performance appraisal (within 12 months) must be included on the OPM-14.

SALARY:

Salary on promotion/career progression will equal the hiring rate for the new job plus 100% of the dollar amount the employee was receiving above the hiring rate of their old job except that the rate of pay upon promotion must:

1. Be at least 5% above the salary the employee was receiving before the promotion.
2. Not be below the minimum of the new pay band.
3. Not exceed 20% above the salary the employee was receiving before the promotion.
4. Not exceed the maximum of the new pay band.

[See Merit Rule 530:10-7-14 (b) and OP-110340]

REMARKS:

Include regular days off.

ATTACHMENTS:

- Approved OPM-92, Personnel Transaction Freeze Exception Request (unless for career progression)
- Approved OPM-9 or Career Progression form
- Salary calculation worksheet

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Promotion: Trial Period Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Correctional Security Officer III, I10C	OPM JOB CODE & TITLE	Correctional Security Officer IV, I10D
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	OSP 0511100 545
Band H, \$2824.34	PAY BAND / SALARY	Band I - \$2982.36
1310XXXX 21JB	PIN NUMBER / WLOC CODE	1310XXXX 20OP
IS THIS A SUPERVISORY POSITION?		Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Employee to serve six month trial period.
RDO: Monday & Tuesday

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

**PROMOTION OF CADET
(CAREER PROGRESSION)**

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Correctional Security Officer I, I10A	OPM JOB CODE & TITLE	Correctional Security Officer II, I10B
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Same
Band F, \$2050.40	PAY BAND / SALARY	Band G, \$2152.93
1310XXXX 21JB	PIN NUMBER / WLOC CODE	Same
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

The remainder of the probationary period is waived in accordance with OP-110235. Employee is promoted to CSO II per 57 O.S. section 562. Trial period is waived per OP-110235. RDO: Saturday & Sunday

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

**WAIVER OF PROBATIONARY PERIOD
DUE TO PROMOTION**

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Promotion: Trial Period Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Administrative Technician III, E16C	OPM JOB CODE & TITLE	Secretary III, E24C
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Same
Band F, \$1880.88	PAY BAND / SALARY	Band H - \$2083.73
1310XXXX 21JB	PIN NUMBER / WLOC CODE	1310XXXX 21JB
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

The remainder of the probationary period is waived in accordance with OP-110235. Employee is promoted effective 10-1-12. Employee to serve six-month trial period. RDO: Saturday & Sunday

Signed: _____
Appointing Authority/Title

Date: _____

Signed: _____
Deputy Director, Administrative Services

Date: _____

**PROMOTION DUE TO
REALLOCATION**

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Promotion: Trial Period Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Safety Consultant II, J31B	OPM JOB CODE & TITLE	Safety Consultant III, J31C
JBCC 141	UNIT / DEPT ID / CLAIM GROUP	Same
Band I, \$2437.12	PAY BAND / SALARY	Band J - \$2906.17
1310XXXX 21JB	PIN NUMBER / WLOC CODE	Same
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Reallocation of position. Final allocation date 9-27-12 to code J31C. Employee is promoted effective 10-1-12. Employee to serve six-month trial period. RDO: Saturday & Sunday

Signed: _____
Appointing Authority/Title

Date: _____

Signed: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

Date: _____

TYPE OF CHANGE: *Voluntary Demotion*

PURPOSE: A voluntary demotion is when a classified employee is reclassified (at the employee’s request) to a different job with a lower pay band assignment or to a lower level within the same job family.

SPECIAL REQUIREMENTS:

- An employee must make a written request for a voluntary demotion, and a copy of the request must accompany the OPM-14. (Merit Rule 530:10-11-76)
- Before an employee can be demoted, OPM must certify that the employee possesses the qualifications for the job family level. An employee who is demoted shall meet the minimum qualifications of the lower job to which he or she is demoted unless the demotion is to a job: (1) within the same job family, or (2) in which the employee previously has had permanent status, or (3) in the same job family as and below one in which he or she previously has had permanent status. (Merit Rule 530:10-9-10.)
- The agency may require that a trial period be served before the demotion shall become final; provided that the employee is notified in writing prior to the effective date of the demotion, and the employing facility has a vacant position in the job family level from which the employee demoted which will remain vacant during the trial period.
- If, during the trial period, the employee does not prove to be satisfactory in the new class, the employee shall be reinstated to the former position or to another position in that class. The employee shall be given written notice as to the reasons for the failure to acquire permanent status, and a copy shall be filed at OPM.
- A probationary employee is not eligible for a promotion or a demotion. (Merit Rule 530:10-11-38)

SALARY: Pay upon demotion will be computed by reducing an employee’s salary by 5% for each pay band demoted; if the job to which the employee is demoting is in the same pay band but at a lower level in the same job family, the employee’s rate of pay will be reduced by 5%.

Pay upon demotion will be set between the general hiring rate and maximum of the pay band assigned to the job family level to which demoted. Rate of pay will not exceed the employee’s rate of pay prior to demotion.

If an employee’s rate of pay prior to the demotion is less than the general hiring rate of the job to which they are demoting, the rate of pay upon demotion will remain the same, and a salary adjustment, using an approved pay movement mechanism, will be accomplished by the central Personnel Unit following the demotion as a separate personnel transaction. This salary adjustment will set the employee’s pay at the job’s general hiring rate.

REMARKS: Include regular days off.

ATTACHMENTS:

If a trial period is to be required, include a copy of the “Notice of Trial Period Required for Voluntary Demotion” (OP-110235, Attachment H). See example on page 50.

- A written request from the employee for a voluntary demotion
- Approved OPM-9
- Salary calculation worksheet

Notice of Trial Period Required For Voluntary Demotion

Date: _____

To: _____
Employee

From: _____
Appointing Authority

Facility/Unit

RE: REQUIREMENT FOR A TRIAL PERIOD

Your demotion to the position of _____, Pay Band _____ is effective _____. In accordance with applicable Merit Rule and OP-110235, you will be required to complete a trial period prior to becoming permanent in your new position. This trial period is for (circle one) one two three four five six months. During the trial period you may be returned to your former position or another position in accordance with applicable Merit Rules. Unless notified otherwise, the trial period will terminate at the end of your regular scheduled work day/shift on _____.

Signature of Appointing Authority

Date

Signature of Employee

Date

Distribution: Employee
 Personnel File
 Forward to central Personnel Unit with OPM-14

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Correctional Security Officer IV, I10D	OPM JOB CODE & TITLE	Correctional Security Officer III, I10C
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	OSP 0511100 545
Band I, \$3010.25	PAY BAND / SALARY	Band H - \$2859.74
1310XXXX 21JB	PIN NUMBER / WLOC CODE	1310XXXX 20OP
IS THIS A SUPERVISORY POSITION?		Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Voluntary demotion in accordance with Merit Rule 530:10-11-76.

RDO: Saturday & Sunday

Signed: _____
Appointing Authority/Title

Date: _____

Signed: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

Date: _____

TYPE OF CHANGE: *Demotion (Involuntary)*

PURPOSE: This action is used when an employee is demoted in accordance with Merit Rule 455:10-11-16 and OP-110415 entitled Progressive Disciplinary Procedures.

SPECIAL REQUIREMENTS:

- A permanent classified employee may be demoted for: misconduct, insubordination, inefficiency, habitual drunkenness, inability to perform the duties of the position in which employed, willful violation of the Oklahoma Personnel Act or Merit Rules, conduct unbecoming a public employee, conviction of a crime involving moral turpitude, or any other just cause.
- Before an employee can be demoted, OPM must certify that the employee possesses the qualifications for the job family level. An employee who is demoted shall meet the minimum qualifications of the lower job to which he or she is demoted unless the demotion is to a job: (1) within the same job family, or (2) in which the employee previously has had permanent status, or (3) in the same job family as and below one in which he or she previously has had permanent status. (Merit Rule 530:10-9-10.)

SALARY: Pay upon demotion will be computed by reducing an employee's salary by 5% for each pay band demoted; if the job to which the employee is demoting is in the same pay band but at a lower level in the same job family, the employee's rate of pay will be reduced by 5%.

Pay upon demotion will be set between the general hiring rate and maximum of the pay band assigned to the job family level to which demoted. Rate of pay will not exceed the employee's rate of pay prior to demotion.

If an employee's rate of pay prior to the demotion is less than the general hiring rate of the job to which they are demoting, the rate of pay upon demotion will remain the same, and a salary adjustment, using an approved pay movement mechanism, will be accomplished by the central Personnel Unit following the demotion as a separate personnel transaction. This salary adjustment will set the employee's pay at the job's general hiring rate.

REMARKS: Include "Demoted in accordance with Merit Rule 455:10-11-16"; and regular days off.

ATTACHMENTS:

- Approved OPM-9
- Salary calculation worksheet

TYPE OF CHANGE: *Transfer Within Agency (Intra-Agency Transfer)*

PURPOSE: This action is used when a permanent classified employee is reclassified to another state job with the same pay band assignment as the job family level in which the employee had been classified prior to the lateral transfer (Merit Rule 530:10-1-2).

SPECIAL REQUIREMENTS:

- The agency has the sole and final authority to designate the place(s) where its employees shall perform their duties as well as the authority to change the assigned duties of its employees. (See Merit Rule 530:10-11-71.)
- An intra-agency transfer is not cause for appeal to the Merit Protection Commission unless: the action results in a reclassification or a salary reduction; an investigation by MPC indicates that a violation of “*whistleblower*,” “*discrimination*”, “*prohibited acts*” or “*prohibited office operations*” may have occurred; or it is established that the action was clearly taken for disciplinary reasons and to deny the employee the right of appeal. [See Merit Rules 530:10-11-71(A) and (B) and Title 74 of the Oklahoma Statutes, Sections 840-2.5, 840-2.6, and 840-2.9.]
- A probationary employee cannot be transferred to a position in another class or agency. (Merit Rule 530:10-11-39.) However, following completion of the first 6 months, the remainder of the probationary period may be waived by the facility/unit head [Merit Rule 530:10-11-30(a)]; if a completed performance evaluation has a rating of at least “meets standards” and the waiver is for the purpose of permitting an otherwise qualified employee to either transfer or promote.
- Before an employee can be transferred, OPM must certify that the employee possesses the qualifications for the job family level. (Merit Rule 530:10-9-10.)
- All laterally transferred employees will serve a six month trial period unless the trial period is waived in writing by the appointing authority [Merit Rule 530:10-11-71 (b) and 74 O.S. § 840-4.12]. The trial period will be waived when:
 - a. The department requires the employee to transfer; or
 - b. The transfer is to a position in the same job family level and assigned similar job duties and responsibilities as the position from which transferring.

SALARY: The salary will remain at the same rate of pay if an employee is transferred to a job with the same or lower hiring rate. If an employee is transferred to a job with a higher hiring rate, then he/she will receive an amount equal to the difference between the old and new hiring rate, up to a maximum of 5% of their salary prior to transfer. (OP-110340)

REMARKS: Include regular days off.

ATTACHMENTS: If applicable, include salary calculation worksheet.

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input checked="" type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Correctional Security Officer IV, I10D	OPM JOB CODE & TITLE	Same
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	OSP 0511100 545
Band I, \$3010.25	PAY BAND / SALARY	Same
1310XXXX 21JB	PIN NUMBER / WLOC CODE	1310XXXX 20OP
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

**In-class transfer from Jackie Brannon CC to OSP.
RDO: Saturday & Sunday**

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

**LATERAL TRANSFER
WITH PAY INCREASE**

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input checked="" type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Accounting Technician II, D50B	OPM JOB CODE & TITLE	Customer Service Representative III, E13C
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	OSP 0511100 545
Band G - \$2010.77	PAY BAND / SALARY	Band G - \$2111.31
1310XXXX 21JB	PIN NUMBER / WLOC CODE	1310XXXX 20OP
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Lateral transfer from Jackie Brannon CC to OSP.
RDO: Saturday & Sunday

Signed: _____
Appointing Authority/Title

Date: _____

Signed: _____
Deputy Director, Administrative Services

Date: _____

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input checked="" type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Accounting Technician II, D50B	OPM JOB CODE & TITLE	Customer Service Representative III, E13C
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	OSP 0511100 545
Band G - \$2010.77	PAY BAND / SALARY	Band G - \$2111.31
1310XXXX 21JB	PIN NUMBER / WLOC CODE	1310XXXX 20OP
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Per OP-110235, the remainder of the probationary period is waived due to employee's transfer effective 10-1-12.
RDO: Saturday & Sunday

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

TYPE OF CHANGE: *Detail to Special Duty*

PURPOSE: This action is used when the services of a permanent classified employee are temporarily needed in a job other than the job to which the employee is regularly assigned. (See Merit Rule 530:10-11-110)

An employee can be temporarily assigned duties of another job for a period of less than 60 calendar days in any 12-month period without a detail to special duty being required. [See Merit Rule 530:10-11-110(f)]

SPECIAL REQUIREMENTS:

- The detail to special duty does not affect the status, job, or title the employee held prior to the detail. [See Merit Rule 530:10-11-110(c)]
- An employee may be detailed to special duty for 6 months or less without meeting the minimum qualifications for the job family level to which the employee is detailed.
- An employee may be detailed to special duty for a total of 12 months if the employee meets the minimum qualifications of the job to which the employee is detailed; and if the position to which the employee is detailed is a filled position temporarily vacant due to the incumbent's absence.
- An employee cannot be detailed to or from an unclassified position. An unclassified employee cannot be detailed to another unclassified position.

SALARY: The rate of pay will be established at the same level as if the employee were promoted. (See Merit Rule 530:10-7-17) At the conclusion of the detail, the employee's pay shall revert to the authorized rate of pay in the employee's regular job.

REMARKS: Include regular days off.

ATTACHMENTS:

- Approved OPM-92, Personnel Transaction Freeze Exception Request
- Salary calculation worksheet

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input checked="" type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Administrative Technician III, E16C	OPM JOB CODE & TITLE	Secretary III, E24C
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Same
Band F, \$1880.88	PAY BAND / SALARY	Band H - \$2083.73
1310XXXX 21JB	PIN NUMBER / WLOC CODE	1310XXXX 21JB
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

**Detail to Special Duty not to exceed six months.
RDO: Saturday & Sunday**

Signed: _____
Appointing Authority/Title

Date: _____

Signed: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

Date: _____

TYPE OF CHANGE: *Probationary Adjustments*

PURPOSE: The probationary period may not be extended [Merit Rule 530:10-11-30(a)]; however, the probationary period will be adjusted for any number of working days the employee is on leave without pay in excess of five, in accordance with Merit Rule 530:10-11-36 (b).

LEAVE WITHOUT PAY:

- Upon written request, a probationary employee may be granted leave without pay in accordance with Merit Rules 530:10-15-47 and 530:10-15-49. If the employee is serving a probationary period and the cumulative leave without pay exceeds five working days, the probationary period must be adjusted by the number of working days on leave without pay in excess of five.

Remarks: Reference Merit Rule 530:10-11-36 (b); indicate new probationary end date.

**ADJUSTMENT OF PROBATIONARY
PERIOD DUE TO L.W.O.P.**

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 5-7-12
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 5-7-12
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input checked="" type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Accounting Technician II, D50B	OPM JOB CODE & TITLE	Same
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Same
Band G - \$2010.77	PAY BAND / SALARY	Same
1310XXXX 21JB	PIN NUMBER / WLOC CODE	Same
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Employee was hired 5-1-11 and had 10 working days Leave Without Pay (LWOP) during probationary period. In accordance with Merit Rule 530:10-11-36(b), the final day of the probationary period is adjusted by 5 days to 5-7-12.

RDO: Saturday & Sunday

Signed: _____
Appointing Authority/Title

Date: _____

Signed: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

Date: _____

TYPE OF CHANGE: *Other Changes*

PURPOSE: Check the “Other” box when a change to employee status is to occur which has not previously been listed in these guidelines. Explain the change in the REMARKS section.

EXAMPLES:

- **“RETURN TO FORMER POSITION”** - Use this remark when an employee does not complete the promotional/demotional trial period and is reinstated to the position formerly held or to another position in the same job family level. Include with the OPM-14 a copy of the letter to the employee outlining the reasons for denying permanent status.
- **“EXPIRATION OF DETAIL TO SPECIAL DUTY”** – Use this remark when an employee is returning to their regular classified position following a Detail to Special Duty.
- **“NAME CHANGE”** - Use the employee’s new name to request the change and in the “Remarks” section state the employee’s former name; for example, “Name change only: From JONES to SMITH”. A copy of new social security card must be attached.
- **“REALLOCATION”** - When a position is reallocated the employee occupying the position before reallocation will experience: a promotion, a demotion or a lateral transfer to a position in the same job family. Do not use the “Other” box; check the appropriate box, “Promotion,” “Voluntary Demotion,” “Demotion,” or “Transfer within Agency,” and in the “Remarks” section indicate REALLOCATION.

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 12-1-2012
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 12-1-2012
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input checked="" type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Correctional Security Officer IV, I10D	OPM JOB CODE & TITLE	Correctional Security Officer III, I10C
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Same
Band I, \$3010.25	PAY BAND / SALARY	Band H - \$2859.74
1310XXXX 21JB	PIN NUMBER / WLOC CODE	1310XXXX 21JB
IS THIS A SUPERVISORY POSITION?		Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

**Employee returned to former position while serving promotional trial period.
RDO: Saturday & Sunday**

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

TYPE OF LEAVE: Leave Without Pay

Regular Leave Without Pay (Merit Rule 530:10-15-47 and OP-110355):

- Leave of absence from work without pay, or any extension of such leave, may be granted or denied, at the discretion of the facility/unit head *unless* subject to the Merit Rules, or federal and state laws regarding Family and Medical Leave, Military Family Leave, Leave Without Pay Due to a Work Related Injury or Illness, or the leave options available to employees who are absent from work due to military service or a reduction of services due to hazardous weather.
- All permanent and probationary employees may be granted leave without pay. Leave without pay may not be approved for more than 12 months; however, extensions may be granted as long as the total length of the original leave plus all extensions does not exceed 2 years.
- An employee may return to work before the specified date of return if approved in writing by the facility/unit head. The facility/unit head may cancel leave without pay at any time and require the employee to return to work before the specified date of return. The employee must be notified of the reasons for cancellation by certified mail or personal service and given 7 calendar days to return to work. Employees who fail to report for work on the specified date of return, or as directed, will be subject to disciplinary action up to and including termination.
- The facility/unit HRMS will complete and submit an OPM-14 which contains the comment “leave without pay” when an employee starts, extends, or completes any period of leave without pay. The OPM-14 for completing such period must also specify either the status or leave program the employee is changing to.

Leave Without Pay Due to Unauthorized Absence [Merit Rule 530:10-15-47(a)(7)]:

- If an employee is absent from work without proper authorization, the employee will not receive pay for that absence. Absences from work for which no leave program is approved will be recorded as unauthorized absence. The OPM-14 will specify the beginning and ending dates of the period of leave without pay and indicate that the absence was unauthorized.

Military Leave Without Pay (OP-110355):

- *Paid* Military Leave is limited to 30 working days (240 hours) per Federal Fiscal Year, which begins October 1 and ends September 30. Employees whose qualifying absences from work exceed the limit may elect to cover the additional absence with accruals of annual leave, time off in lieu of overtime payment, compensatory time, holiday or military leave without pay. The limits for leave without pay under Merit Rule 530:10-15-47 will not apply to military leave without pay.
- The facility/unit Human Resources Management Specialist will complete and submit an OPM-14 which contains the comment “military leave without pay” when an employee starts, extends, or completes a period of military leave without pay. The OPM-14 for completing such period must also specify either the status or leave program the employee is changing to.
- Effective 6-5-02, HB 2264 provides that employees on military leave without pay, who are ordered to active service during the period of time that Operation Enduring Freedom is in effect, will receive the difference between their military pay and their state pay if the military pay is less. Affected employees must provide their local Human Resources Management Specialist with a copy of the military order to active service on or after 9-11-01 and the military pay records for the affected DOC pay period(s). The H.R.M.S. will prepare and submit to the central personnel unit an OPM-14 for each payment to be made.

Leave Without Pay Due to Workers Compensation (74 O.S. § 840-2.21, Merit Rule 530:10-15-49 and OP-110355):

- The central Personnel Unit will be responsible for the completion of an OPM-14 when employees start, extend, or end periods of workers compensation leave without pay.
- For leave without pay within the first year of the start of leave without pay the transaction must state, “Leave without pay pursuant to a workers compensation claim in accordance with Title 74 Section 840-2.21 and Merit Rule 530:10-15-49(f)”
- For leave without pay beyond the first year and in conjunction with a period of temporary total disability the transaction must state, “Leave without pay pursuant to a workers compensation claim in accordance with Title 85 Section 5.B.”

Family Leave Without Pay

- Family and medical leave will be designated in accordance with the Family and Medical Leave Act of 1993 (29 USC § 2601 et seq), 29 CFR 825, 74 O.S. § 840-2.22, Merit Rule 530:10-15-45 and OP-110355.
- An eligible employee (as defined in OP-110355) is entitled to up to 12 weeks of paid or unpaid leave (work weeks, 480 hours) during any 12 month period which begins with the commencement of the use of family leave.
- The facility/unit Human Resources Management Specialist must complete and submit an OPM-14 indicating “Family and Medical Leave Without Pay” when an employee starts, extends, or completes a period of family and medical leave without pay. The OPM-14 for completing such period must also specify the status or leave program the employee is changing to.

Military Family Leave Without Pay

- An eligible employee (as defined in OP-110355) is entitled to up to 12 weeks of paid or unpaid leave (work weeks, 480 hours) during a 12 month period because of a “Qualifying Exigency” arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.
- An eligible employee who is the spouse, son, daughter, parent or next of kin of a Servicemember may be entitled to up to 26 weeks of paid or unpaid leave during a single 12 month period to care for the Servicemember who has a serious injury or illness that may render him or her medically unfit to perform the duties of his/her office, grade, rank, or rating.
- The facility/unit Human Resources Management Specialist must complete and submit an OPM-14 indicating “Military Family Leave Without Pay” when an employee starts, extends, or completes a period of Military Family Leave Without Pay. The OPM-14 for completing such period must also specify the status or leave program the employee is changing to.

Leave Without Pay for Probationary Employees (Merit Rule 530:10-11-36):

- If the total amount of leave without pay (including military leave without pay, workers compensation leave without pay, family leave without pay) exceeds 5 working days, the date of the final working day of the probationary period must be adjusted by the number of working days the employee was on leave without pay in excess of 5 days.

- The facility/unit HRMS will ensure that the OPM-14 which placed the employee on leave without pay includes a statement that the probationary period has been adjusted and states the final working day of the adjusted probationary period.

**REGULAR LEAVE
WITHOUT PAY**

State of Oklahoma
Office of Personnel Management
REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-12
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-12
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration: <u>October 1-3, 2012</u>		
<input type="checkbox"/> Sick Leave Without Pay <input checked="" type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Correctional Security Officer IV, I10D	OPM JOB CODE & TITLE	Same
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Same
Band I, \$3010.25	PAY BAND / SALARY	Same
1310XXXX 21JB	PIN NUMBER / WLOC CODE	Same
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

**Three (3) days leave without pay per Merit Rule 530:10-15-47.
RDO: Saturday & Sunday**

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services

Signed: _____ Date: _____
Division Chief or Department/Title

**MILITARY LEAVE WITHOUT PAY
INITIAL NOTIFICATION**

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 4-1-12
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 4-1-12
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration: 4-1-12 through 9-30-12		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input checked="" type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Correctional Security Officer IV, I10D	OPM JOB CODE & TITLE	Same
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Same
Band I, \$3010.25	PAY BAND / SALARY	Same
1310XXXX 21JB	PIN NUMBER / WLOC CODE	Same
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

**Military leave without pay.
RDO: Saturday & Sunday**

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

**RETURN FROM
MILITARY LEAVE WITHOUT PAY**

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 10-1-12
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 10-1-12
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration:		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input checked="" type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Correctional Security Officer IV, I10D	OPM JOB CODE & TITLE	Same
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Same
Band I, \$3010.25	PAY BAND / SALARY	Same
1310XXXX 21JB	PIN NUMBER / WLOC CODE	Same
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

Employee returns from Military leave without pay to paid Military leave (30 days) effective 10-1-12.
RDO: Saturday & Sunday

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

**MILITARY LEAVE WITHOUT PAY
SUPPLEMENT**

State of Oklahoma
Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 5-1-12
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 5-1-12
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration: May 1 - June 15, 2012		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input checked="" type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Deputy Warden, 8345	OPM JOB CODE & TITLE	Same
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Same
\$4927.04 per month	PAY BAND / SALARY	Same
1310XXXX 21JB	PIN NUMBER / WLOC CODE	Same
	IS THIS A SUPERVISORY POSITION?	Check One: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS:

Military leave without pay. Employee's military salary is \$4025.00 per month. Pay full supplement for May, 2012 pay period; pay partial supplement for June, 2012 pay period.

RDO: Saturday & Sunday

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

TYPE OF LEAVE: *Suspension With Pay*

PURPOSE: A permanent classified employee may be suspended with pay for internal investigatory purposes or to give notice and opportunity to respond prior to a suspension without pay, involuntary demotion, or discharge. [Merit Rule 530:10-11-120(a)]

SPECIAL REQUIREMENTS:

- The employee will be informed in writing of the beginning and ending dates and times of the suspension with pay, the requirement to be available during working hours (specify what working hours the employee is to be available), and any reporting requirements. A copy of the notice will be forwarded to the central Personnel Unit.
- An employee may not be placed on suspension with pay more than a total of 20 working days within any 12-month period. However, the facility/unit may request (in accordance with OP-110415) a continuance of suspension with pay in the event a pending internal investigation cannot be completed within the 20-day time frame.
- The suspension with pay will be ended at any time the investigation and any resulting termination proceedings are completed.

REMARKS: “Suspension with pay for _____ working days in accordance with Merit Rule 530:10-11-120.”
Include regular days off.

ATTACHMENTS: A copy of the written notification to the employee from the appointing authority.

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 5-1-12
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 5-1-12
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration: 5-1-12 through 5-14-12		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input checked="" type="checkbox"/> Suspension With Pay (Letter Required)	<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Correctional Security Officer IV, I10D	OPM JOB CODE & TITLE	Same
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Same
Band I, \$3010.25	PAY BAND / SALARY	Same
1310XXXX 21JB	PIN NUMBER / WLOC CODE	Same
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

**Employee is suspended with pay for 10 working days for investigatory purposes, per Merit Rule 530:10-11-120.
RDO: Saturday & Sunday**

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

TYPE OF LEAVE: Suspension Without Pay

Unclassified Employees: Unclassified employees may be suspended without pay without notice or right of appeal for disciplinary or internal investigatory purposes.

Permanent Classified Employees:

- A permanent classified employee may be suspended without pay for up to 60 calendar days for: misconduct, insubordination, inefficiency, habitual drunkenness, inability to perform the duties of the position in which employed, willful violation of the Oklahoma Personnel Act or Merit Rules, conduct unbecoming a public employee, conviction of a crime involving moral turpitude, or any other just cause.
- Before a permanent employee may be suspended without pay, the appointing authority must provide notice and an opportunity to respond in accordance with Merit Rule 455:10-11-15 and OP-110415. The employee must respond and present reasons why the proposed demotion is improper by completing the "Written Response to Proposed Discipline" within seven (7) days.
- An employee must be provided written notice of the final action, by personal service or certified or registered mail, within ten working days after receipt of the employee's written response.

FLSA Exempt Employees (Classified or Unclassified)

- No exempt employee may be suspended without pay for any period of time less than the established work week period beginning 12:00 a.m., Saturday through 11:59 p.m., Friday.

Suspension Without Pay/Pending Felony Charges [57 O.S. § 510(17)]

- The director (as represented by the facility/unit head or local appointing authority) may suspend without pay, any employee (permanent, probationary, classified or unclassified) for an indeterminate number of days pending a hearing and final determination of any state or federal felony.
- This action does not represent, or take the place of, any final disciplinary action that will be taken following disposition of the charges. The final disciplinary action taken must be in accordance with the provisions of the Oklahoma Personnel Act (for permanent classified employees).
- In the event the charges are found without merit or not sustained in a court of law, the employee will be reinstated with pay and benefits, however, this does not preclude the facility/unit head from proceeding with the final disciplinary action based on a preponderance of evidence.
- In the event the charges are substantiated, the facility/unit head will proceed with the final disciplinary action unless a forfeiture of employment has occurred. (See OP-110415)

REMARKS: "Suspended for _____ working days in accordance with Merit Rule 455:10-11-15"

REQUEST FOR PERSONNEL ACTION

Agency Department of Corrections	Agency Number 131	Current Date 5-7-12
Approval of the following action is requested for (include last name, full first name and middle initial.): DOE, John B.		
Social Security Number 123-45-6789	PeopleSoft Employee ID 123456	Effective Date of Transaction 5-7-12
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State E-List Number: <input type="checkbox"/> Transfer Interagency: <input type="checkbox"/> Reinstatement: <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law, Cite Authority in Remarks <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)	SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	CHANGES: <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Name Change <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment <input type="checkbox"/> Other
		Date of Last Service Review:
LEAVE: Specify Duration: 5-7-12 through 5-11-12		
<input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave	<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)	<input checked="" type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return From Suspension <input type="checkbox"/> Other (Explain in Remarks Section)
CURRENT		PROPOSED
Correctional Security Officer IV, I10D	OPM JOB CODE & TITLE	Same
JBCC 1311100 141	UNIT / DEPT ID / CLAIM GROUP	Same
Band I, \$3010.25	PAY BAND / SALARY	Same
1310XXXX 21JB	PIN NUMBER / WLOC CODE	Same
	IS THIS A SUPERVISORY POSITION?	Check One: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REMARKS:

**Employee is suspended without pay for 5 working days, per Merit Rule 455:10-11-15.
RDO: Saturday & Sunday**

Signed: _____ Date: _____
Appointing Authority/Title

Signed: _____ Date: _____
Deputy Director, Administrative Services
Division Chief or Department/Title

GENERAL INDEX

Appointment, Applicants with Disabilities (optional hiring program)	10
Appointment, Carl Albert Public Internship Program	27-29
Appointment, Classified Initial Probationary	7-8
Appointment, Direct Hire	9
Appointment, Interagency Transfer	11-16
Appointment, Reinstatement to Classified Service	17-20
Appointment, Temporary Unclassified.....	25-26
Appointment, Unclassified.....	21-24
Career Progression	46
Checklist (Personnel Transaction)	5
Death of Employee	41-42
Demotion, Involuntary	52-53
Demotion, Voluntary	49-51
Detail to Special Duty	58-59,64
Discharge	33-34
Expiration of Appointment (Temporary).....	37-38
Family Leave Without Pay	67,74
Leave Without Pay.....	66-75
Military Leave Without Pay.....	66-67,71-73,75
Name Change.....	62,65
Probationary Adjustment	60-61
Promotion.....	44-45
Reallocation	48
Resignation	31-32
Retirement.....	39-40
Return to Former Position.....	62-63
Suspension With Pay	76-77
Suspension Without Pay	78-79
Transfer Within Agency	54-57
Transfer Interagency (out)	35-36
Unauthorized Absence	66,70