Department Of Corrections

Personnel Transaction Handbook

March, 2017
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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 Human Capital Management within 30 days after the effective date. [Merit Rule 260:25-11-3]

The facility/unit will complete a “Request for Personnel Action” (HCM-14) when submitting a personnel transaction. The HCM-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 the central Human Resources unit. 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 HCM-14 and attachments will be used for data entry into the Human Resources/Payroll system. A copy of the processed HCM-14 is scanned and e-mailed to the sending facility/unit. The facility/unit HRMS is responsible for providing a copy of the approved HCM-14 to the affected employee.

Examples of HCM-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 (HCM-14) is to be used when requesting the following personnel actions:

1. **Appointments**
   a. Classified Initial Probationary Appointment (Merit Rule 260:25-11-30) (including appointments from certificates, direct hires, and Persons with Severe Disabilities Employment Program)
   b. Interagency Transfer (Merit Rules 260:25-11-72, and 260:25-11-74)
   c. Reinstatement (Merit Rule 260:25-9-102)
   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**
   b. Resignation due to Abandonment of Position (Merit Rule 260:25-11-132(c)
   c. Discharge (Merit Rules 260:25-11-32 and 455:10-11-17)
   d. Transfer Interagency (Merit Rules 260:25-11-72, and 260:25-11-74)
   e. Expiration of Appointment
   f. Retirement
   g. Death

3. **Changes**
   a. Promotion (Merit Rule 260:25-11-55)
   b. Voluntary Demotion (Merit Rule 260:25-11-76)
   c. Involuntary Demotion (Merit Rule 455:10-11-16)
   d. Intra-Agency Transfer (Merit Rule 260:25-11-71)
   e. Detail to Special Duty (Merit Rule 260:25-11-110)
   f. Probationary Adjustment (Merit Rule 260:25-11-36)
   g. Other
4. Leave

   c. Suspension With Pay (Merit Rule 260:25-11-120)
   d. Suspension Without Pay (Merit Rule 455:10-11-15)
   e. Military Leave Without Pay (Merit Rule 260:25-15-44)
   g. Leave and First Preference Due to Work-Related Illness or Injury (Merit Rule 260:25-15-49)
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.

_____ HCM-14 Request for Personnel Action
_____ DOC-92 Personnel Transaction Freeze Exception Request. Required for appointments (unless waived in policy), details to special duty, and competitive promotions. Not required for career progressions.

OTHER INFORMATION

IF CLASSIFIED APPOINTMENT

_____ Data Summary Sheet
_____ W-4 Form
_____ Longevity Certification Form (HCM 52)
_____ Automatic Deposit Transmittal and copy of voided check
_____ Copy of I-9 and E-Verify Authorization and supporting documents
_____ Pathfinder Enrollment form (unless enrolled in hazardous duty plan or a prior OPERS participant)

HCM-14 Remarks:

_____ Probationary period noted (one year)
_____ Regular days off
_____ Retirement plan participation

IF REINSTATEMENT:

Items noted above, plus:

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

IF APPLICABLE:

_____ Copy of memo from Compensation Manager establishing Teacher's salary
_____ If transferring from or leaving another state agency, include the "Employee Transfer-In Payroll Information" form in the transaction guidelines handbook
_____ Copy of licensure (RN/LPN/PCA only)
_____ 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 and E-Verify Authorization and supporting documents*
_____ W-4 Form *
_____ Data Summary Sheet *
_____ Longevity Certification Form (HCM 52) *
_____ Pathfinder Enrollment form (unless enrolled in hazardous duty plan or a prior OPERS participant) *

HCM-14 Remarks:

_____ Regular days off
_____ Retirement plan participation

IF PROMOTION

Salary must be in accordance with:
_____ OP-110340, II, A. (Attach copy of "Pay Upon Promotion" calculation sheet.)
_____ Evaluation date (must be current)
_____ If effective date is retroactive to a previous month, include prior months' timesheets

_____ If Inter-Agency promotion (from another state agency), "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.) Not required for intra-agency promotions (within DOC.)

IF SEPARATION

_____ Copy of all time sheets since the last month processed

HCM-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

_____ HCM-9 Approved
_____ Voluntary Demotion Letter required from employee (Merit Rule 260:25-11-76)
_____ Salary must be in accordance with OP-110340, II, C. (Attach copy of "Pay Upon Demotion" calculation sheet.)

Detail to/Expiration of Special Duty *

_____ Salary must be in accordance with OP-110340, II, B. (Attach copy of "Pay Upon Promotion" calculation sheet.)
_____ Detail may not exceed 12 months

Name Change

_____ Copy of new social security card required

Revised 12/2016
APPOINTMENTS—GENERAL INFORMATION

The “Appointments” section of the Request for Personnel Action (HCM-14) is used to indicate the type of appointment being made. (See Merit Rules 260:25-9-92, Appointments from Certificates; 260:25-9-102 Reinstatement to the Classified Service; 260:25-11-72, Interagency Transfer; 260:25-9-100, Optional Program for Hiring Applicants with Disabilities.)

The boxes for “Initial Probationary,” “Transfer Interagency,” “Reinstatement,” and “Direct Hire Authority” 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/electronic lists (“E-Lists”) 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 HCM to certify the qualifications of and appoint eligible applicants to the positions of Registered Nurse I, II, III; Licensed Practical Nurse I, II; Patient Care Assistant III; Correctional Security Officer I; and Food Service Specialist I, II, III, IV. (Merit Rules 260:25-9-110 through 121.) Applicants will complete an online application and must provide a photocopy of appropriate licensure (if required), which will be forwarded to the Transactions Unit with the new hire packet. For RN/LPN/PCA applicants, the Correctional Health Services Administrator (CHSA) will review the applications to determine the level for which the applicant will qualify. The central Human Resources unit will review applications for Food Service Specialist and will determine the level for which the applicant will qualify.

- Appointment of an employee through the Optional Program for Hiring Applicants with Disabilities (74 O.S. 840-4.12, Merit Rule 260:25-9-100) 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 260:25-11-30(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 Human Resources unit. Entrance salary and annual salary adjustments for Correctional Teachers and Vocational Training Instructors shall be determined by the central Human Resources 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 HCM-92 form which authorizes an exception to the hiring freeze.

- **Optional Program for Hiring Applicants with Disabilities** – Letters from the Department of Rehabilitation Services and Office of Human Capital 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** to LPN, RN, PCA positions, include a photocopy of appropriate licensure.
REQUEST FOR PERSONNEL ACTION

State of Oklahoma
Office of Human Capital Management

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

**DOE, John B.**

<table>
<thead>
<tr>
<th>APPOINTMENTS:</th>
<th>SEPARATIONS:</th>
<th>CHANGES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Probationary</td>
<td>Resignation</td>
<td>Transfer Within Agency</td>
</tr>
<tr>
<td>State E-List Number: 56372</td>
<td>Discharge</td>
<td>Name Change</td>
</tr>
<tr>
<td>Transfer Interagency:</td>
<td>Probationary</td>
<td>Promotion: Trial Period Required</td>
</tr>
<tr>
<td>Reinstatement:</td>
<td>Reduction in Force (Letter Required)</td>
<td>Y</td>
</tr>
<tr>
<td>Probationary *</td>
<td>Transfer Interagency</td>
<td>N</td>
</tr>
<tr>
<td>Permanent</td>
<td>Expiration of Appointment</td>
<td>Voluntary Demotion (Letter Required)</td>
</tr>
<tr>
<td>Unclassified: By Law, Cite Authority in Remarks</td>
<td></td>
<td>Demotion</td>
</tr>
<tr>
<td>Temporary</td>
<td></td>
<td>Detail to Special Duty</td>
</tr>
<tr>
<td>Direct Hire Authority</td>
<td></td>
<td>Expiration of Detail to Special Duty</td>
</tr>
<tr>
<td>* OP-110235, Attachment F, required (attach signed copy)</td>
<td></td>
<td>Probationary Period Adjustment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LEAVE:** Specify Duration:

<table>
<thead>
<tr>
<th>Sick Leave Without Pay</th>
<th>Military Leave With Pay</th>
<th>Suspension Without Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leave Without Pay</td>
<td>Military Leave Without Pay</td>
<td>Return From Suspension</td>
</tr>
<tr>
<td>Return From Leave</td>
<td>Suspension With Pay (Letter Required)</td>
<td>Other (Explain in Remarks Section)</td>
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**CURRENT**

<table>
<thead>
<tr>
<th>HCM JOB CODE &amp; TITLE</th>
<th>Construction &amp; Maintenance Tech III, F41C</th>
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<tbody>
<tr>
<td>UNIT / DEPT ID / CLAIM GROUP</td>
<td>JBCC 1311100 141</td>
</tr>
<tr>
<td>PAY BAND / SALARY</td>
<td>Band H, $2,224.49</td>
</tr>
<tr>
<td>PIN NUMBER / WLOC CODE</td>
<td>1310XXXX 21JB</td>
</tr>
</tbody>
</table>

**PROPOSED**

<table>
<thead>
<tr>
<th>IS THIS A SUPERVISORY POSITION?</th>
<th>Check One: ☐ YES ☒ NO</th>
</tr>
</thead>
</table>

REMARKS: Approved 92 attached.

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

RDO: Saturday/Sunday
INITIAL APPOINTMENT
DIRECT HIRE (RN, LPN, PCA, CSO I, FSS) Office of Human Capital Management

REQUEST FOR PERSONNEL ACTION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>Current Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>131</td>
<td>10-1-2012</td>
</tr>
</tbody>
</table>

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

DOE, Mary J.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>123-45-6789</td>
<td></td>
<td>10-1-2012</td>
</tr>
</tbody>
</table>

**APPOINTMENTS:**
- Initial Probationary
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority
  - * OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

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

<table>
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<tr>
<th>CURRENT</th>
<th>PROPOSED</th>
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<tbody>
<tr>
<td>HCM JOB CODE &amp; TITLE</td>
<td>Licensed Practical Nurse II, Y11B</td>
</tr>
<tr>
<td>UNIT / DEPT ID / CLAIM GROUP</td>
<td>MBCC Medical</td>
</tr>
<tr>
<td>PAY BAND / SALARY</td>
<td>6363116</td>
</tr>
<tr>
<td>PIN NUMBER / WLOC CODE</td>
<td>139</td>
</tr>
<tr>
<td>IS THIS A SUPERVISORY POSITION?</td>
<td>Check One:  NO</td>
</tr>
</tbody>
</table>

**REMARKS:** Approved 92 attached.

Direct Hire to professional practice licensure position, per MR 260:25-9-111. Employee to serve one year probationary period. Employee authorized to receive $1.80 per hour night shift differential. Employee will participate in Pathfinder Retirement.

RDO: Saturday/Sunday

Signed: ___________________________ Date: _______________
Appointing Authority/Title

Signed: ___________________________ Date: _______________
Division Chief or Department/Title
REQUEST FOR PERSONNEL ACTION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>Current Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>131</td>
<td>10-1-2012</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>123-45-6789</td>
<td></td>
<td>10-1-2012</td>
</tr>
</tbody>
</table>

**APPOINTMENTS:**
- Initial Probationary N/A
- Transfer Interagency:
  - State E-List Number:
  - Reinstatement:
    - Permanent
  - Unclassified: By Law, Cite Authority in Remarks
  - Temporary
- Direct Hire Authority
- * OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

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

**CURRENT**

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<tr>
<th>HCM JOB CODE &amp; TITLE</th>
<th>Administrative Technician II, E16B</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIT / DEPT ID / CLAIM GROUP</td>
<td>MBCC 0911100 139</td>
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<tr>
<td>PAY BAND / SALARY</td>
<td>Band E, $1709.58</td>
</tr>
<tr>
<td>PIN NUMBER / WLOC CODE</td>
<td>1310XXXX 30MB</td>
</tr>
</tbody>
</table>

**REMARKS:** Approved 92 attached.

Optional program for hiring applicants with disabilities (Merit Rule 260:25-9-100). Employee to serve a one year probationary period.

RDO: Saturday/Sunday

Signed: ___________________________________________  Date: ________________
Appointing Authority/Title

Signed: ___________________________________________  Date: ________________
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 260:25-11-72 and 260:25-11-74.)

**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 260:25-11-39) except as provided in Merit Rule 260:25-11-74, 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 260:25-11-55(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 260:25-11-32 and OP-110415.

**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 Human Resources unit in order to bring the employee’s pay to the job’s general hiring rate. [See Merit Rule 260:25-7-14(d), Rate of Pay When Transferred Interagency; and OP-110340, Employee Compensation].

- **INTER-AGENCY PROMOTION:** Salary upon 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 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 260:25-7-14(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 Human Resources 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 260:25-7-14(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 HCM-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.
**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.**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>123-45-6789</td>
<td>123456</td>
<td>10-1-2012</td>
</tr>
</tbody>
</table>

**APPOINTMENTS:**
- Initial Probationary
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority
- * OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

**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)

**CURRENT**

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<thead>
<tr>
<th>Administrative Technician III, E16C</th>
<th>HCM JOB CODE &amp; TITLE</th>
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<tbody>
<tr>
<td>Department of Transportation</td>
<td>UNIT / DEPT ID / CLAIM GROUP</td>
<td>MBCC 091100 139</td>
</tr>
<tr>
<td>Band F, $1997.02</td>
<td>PAY BAND / SALARY</td>
<td>Band H, $2195.14</td>
</tr>
<tr>
<td>PIN NUMBER / WLOC CODE</td>
<td>1310XXXX 30MB</td>
<td></td>
</tr>
</tbody>
</table>

**PROPOSED**

**REMARKS:** Approved 92 attached.

Employee to serve a six month trial period. Employee will participate in OPERS Standard Retirement. Employee to transfer _______ hours of Annual Leave and ________ hours of Sick Leave. Longevity date: ___________________

**RDO:** Saturday/Sunday

Signed: ____________________________ Date: ________________

Appointing Authority/Title

Signed: ____________________________ Date: ________________

Division Chief or Department/Title

Director of Administration
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.

XXX Warden
Signature of Appointing Authority 9-26-2012

John B. Doe
Signature of Employee 9-26-2012

Distribution: Employee Personnel File
Forward to the Central Human Resources unit with HCM-14
DATE: _________________________________

TO: _________________________________

FROM: ______________________________
Human Resources Management Specialist

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:

- **HCM-14**
- **Longevity Certification Form**

Your Agency Name/Number:

Name/Phone Number of Person Completing Form:

Employee Name: | Employee ID:
---|---

Job Title: | Job Code:
---|---

Pay Band & Salary:

Last Date on Payroll:

Your Payroll Frequency:

<table>
<thead>
<tr>
<th>Sick Leave Balance:</th>
<th>As of:</th>
<th>Transfer to DOC: (All)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Leave Balance:</td>
<td>As of:</td>
<td>Transfer to DOC: (Up to 80)</td>
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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:

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<tr>
<th>Longevity Date:</th>
<th>Leave Accrual Date:</th>
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Date Insurance Paid Through:

<table>
<thead>
<tr>
<th>Health Care Spending Account Dollar Amount $</th>
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</thead>
<tbody>
<tr>
<td>Dependent Care Spending Account Dollar Amount$</td>
</tr>
</tbody>
</table>

Deferred Compensation Amount $ 

Retirement Plan (OPERS, OLERS, Teachers, or Pathfinder):

<table>
<thead>
<tr>
<th>Other Deductions (Including other insurances):</th>
<th>Name</th>
<th>$ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**TYPE OF APPOINTMENT:** Reinstatement to the Classified Service

**PURPOSE:** An employee who has achieved permanent status in the classified service is eligible for reinstatement to any classified job family/level for which they qualify. (See Merit Rule 260:25-9-102, Reinstatement to the Classified Service.)

**REQUIREMENTS:**

- A permanent classified employee who has left the classified service must be certified by HCM as being eligible for reinstatement and possessing the qualifications for the position before the action can take place. [Merit Rule 260:25-9-10 and 260:25-9-102(b)]

- 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 260:25-9-102(c)] For reinstated employees only, the Appointing Authority may cancel the probationary period at any time and grant permanent status.

**SALARY:** Salary upon reinstatement to the classified service will be determined by the central Human Resources 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 260:25-7-4, 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 HCM-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 OP-110235, Attachment F, signed by the employee prior to the effective date of the action. (Sample on page 20)

- Salary Memo - Include a copy of the memo from the central Human Resources 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.
State of Oklahoma
Office of Human Capital Management

REQUEST FOR PERSONNEL ACTION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>Current Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>131</td>
<td>10-1-2012</td>
</tr>
</tbody>
</table>

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

DOE, John B.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>123-45-6789</td>
<td>123456</td>
<td>10-1-2012</td>
</tr>
</tbody>
</table>

**APPOINTMENTS:**
- Initial Probationary
- State E-List Number:
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law,
  Cite Authority in Remarks
- Temporary
- Direct Hire Authority

**SEPARATIONS:**
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

**LEAVE:** Specifcy 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)

**CURRENT**

<table>
<thead>
<tr>
<th>HCM JOB CODE &amp; TITLE</th>
<th>PROPOSED</th>
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<tbody>
<tr>
<td>Correctional Security Officer III, I10C</td>
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<table>
<thead>
<tr>
<th>UNIT / DEPT ID / CLAIM GROUP</th>
<th>PAY BAND / SALARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBCC 091100 139</td>
<td>Band H, $ (salary determined by central H.R. Unit)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PIN NUMBER / WLOC CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1310XXXX 30MB</td>
</tr>
</tbody>
</table>

**IS THIS A SUPERVISORY POSITION?**

- Check One: □ YES □ NO

**REMARKS:** Approved 92 attached.

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: _______________________________ Date: ________________

Appointing Authority/Title

Signed: _______________________________ Director of Administration Date: ________________

Division Chief or Department/Title
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)

__XXXXX, Warden_____________________________  __9-26-2012___________________
Signature of Appointing Authority              Date

__John B. Doe_______________________________  __9-26-2012___________________
Signature of Employee                          Date

Distribution: Employee
            Personnel File
            Forward to the central Human Resources unit with HCM-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 260:25-11-134, 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 HCM-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** | **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.**

<table>
<thead>
<tr>
<th>Social Security Number</th>
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<tbody>
<tr>
<td>123-45-6789</td>
<td>123456</td>
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</tbody>
</table>

**APPOINTMENTS:**

- ☐ Initial Probationary
- ☐ Transfer Interagency:
- ☐ Reinstatement:
  - ☐ Probationary *
  - ☐ Permanent
- ☒ Unclassified: By Law, Cite Authority in Remarks
- ☐ Temporary
- ☐ Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**

- ☒ Resignation
- ☐ Discharge
- ☐ Probationary
- ☐ Reduction in Force (Letter Required)
- ☐ Transfer Interagency
- ☐ Expiration of Appointment
- ☐ Retirement
- ☐ Death

**CHANGES:**

- ☐ Transfer Within Agency
- ☐ Name Change
- ☐ Promotion: Trial Period Required
  - ☐ Y
  - ☐ N
- ☐ Voluntary Demotion (Letter Required)
- ☐ Demotion
- ☐ Detail to Special Duty
- ☐ Expiration of Detail to Special Duty
- ☐ Probationary Period Adjustment
- ☐ Other

**LEAVE:** Specify Duration:

- ☐ Sick Leave Without Pay
- ☐ Leave Without Pay
- ☐ Return From Leave
- ☐ Military Leave With Pay
- ☐ Military Leave Without Pay
- ☐ Suspension Without Pay
- ☐ Suspension With Pay (Letter Required)
- ☐ Return From Suspension
- ☐ Other (Explain in Remarks Section)

**CURRENT**

<table>
<thead>
<tr>
<th>Unit Manager, I15A</th>
<th>HCM JOB CODE &amp; TITLE</th>
<th>Deputy Warden, 8345</th>
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<tbody>
<tr>
<td>JBCC</td>
<td>1311100</td>
<td>141</td>
</tr>
<tr>
<td>Band L, $3395.89</td>
<td>UNIT / DEPT ID / CLAIM GROUP</td>
<td></td>
</tr>
<tr>
<td>1310XXXX</td>
<td>PAY BAND / SALARY</td>
<td>$4927.04 per month</td>
</tr>
<tr>
<td>21JB</td>
<td>PIN NUMBER / WLOC CODE</td>
<td></td>
</tr>
</tbody>
</table>

**PROPOSED**

| IS THIS A SUPERVISORY POSITION? |
| Check One: ☒ YES ☐ NO |

**REMARKS:** Approved 92 attached.

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

RDO: Saturday/Sunday

---

**Signed:**
[Signature]
Appointing Authority/Title

**Date:**

---

**Signed:**
[Signature]
Division Chief or Department/Title

**Date:**

---

**Signed:**
[Signature]
Director of Administration

**Date:**

---
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 260:25-11-134(b).

cc: Personnel File
**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.**

<table>
<thead>
<tr>
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<tr>
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</tbody>
</table>

**APPOINTMENTS:**

- Initial Probationary
- State E-List Number:
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

<table>
<thead>
<tr>
<th>SEPARATIONS:</th>
<th>CHANGES:</th>
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<tbody>
<tr>
<td>Resignation</td>
<td>Transfer Within Agency</td>
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<tr>
<td>Discharge</td>
<td>Name Change</td>
</tr>
<tr>
<td>Probationary</td>
<td>Promotion: Trial Period Required</td>
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<tr>
<td>Reduction in Force (Letter Required)</td>
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<tr>
<td>Transfer Interagency</td>
<td>Voluntary Demotion (Letter Required)</td>
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<tr>
<td>Expiration of Appointment</td>
<td>Demotion</td>
</tr>
<tr>
<td>Retirement</td>
<td>Detail to Special Duty</td>
</tr>
<tr>
<td>Death</td>
<td>Expiration of Detail to Special Duty</td>
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<tr>
<td></td>
<td>Probationary Period Adjustment</td>
</tr>
<tr>
<td></td>
<td>Other (Explain in Remarks Section)</td>
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**LEAVE:** Specify Duration:

- Sick Leave Without Pay
- Leave Without Pay
- Return From Leave
- Military Leave Without Pay
- Military Leave With Pay
- Suspension Without Pay
- Suspension With Pay (Letter Required)
- Return From Suspension
- Other (Explain in Remarks Section)

**CURRENT**

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<tr>
<th>Unit Manager, I15A</th>
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<th>Deputy Warden, 8345</th>
</tr>
</thead>
<tbody>
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<td>1311100</td>
<td>141 MBCC</td>
</tr>
<tr>
<td>Band L, $3395.89</td>
<td>PAY BAND / SALARY</td>
<td>$4927.04 per month</td>
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<tr>
<td>1310XXXX</td>
<td>21JB</td>
<td>1310XXXX 30MB</td>
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**PROPOSED**

<table>
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<tr>
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<th>PIN NUMBER / WLOC CODE</th>
<th>IS THIS A SUPERVISORY POSITION?</th>
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</thead>
<tbody>
<tr>
<td>0911100</td>
<td>139</td>
<td>Check One: YES</td>
</tr>
</tbody>
</table>

**REMARKS:** Approved 92 attached.

Employee is temporarily detailed to an Unclassified position, per 74 O.S. 840-5.11, for up to 12 months. Employee will participate in OPERS Standard Retirement.

RDO: Saturday/Sunday

Signed: ___________________________ Date: ___________________________
Appointing Authority/Title

Signed: ___________________________ Date: ___________________________
Division Chief or Department/Title
**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 HCM-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 HCM-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.
# Request for Personnel Action

**State of Oklahoma**  
**Office of Human Capital Management**

## 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**
- **Employee ID** 123456
- **Effective Date of Transaction** 10-1-2012

### APPOINTMENTS:
- [ ] Initial Probationary  
  State E-List Number: 
- [ ] Transfer Interagency:
- [ ] Reinstatement:  
  - [ ] Probationary *  
  - [ ] Permanent  
  - [ ] Unclassified: By Law,  
    Cite Authority in Remarks  
  - [ ] Temporary
- [ ] Direct Hire Authority

  * OP-110235, Attachment F, required  
  (attach signed copy)

### SEPARATIONS:  
- [ ] Resignation
- [ ] Discharge  
  - [ ] Probationary
- [ ] Reduction in Force (Letter Required)
- [ ] Transfer Interagency
- [ ] Expiration of Appointment
- [ ] Retirement
- [ ] Death

### CHANGES:  
- [ ] Transfer Within Agency
- [ ] Name Change
- [ ] Promotion: Trial Period Required  
  - [ ] Y  
  - [ ] N
- [ ] Voluntary Demotion (Letter Required)
- [ ] Demotion
- [ ] Detail to Special Duty  
  - [ ] Expiration of Detail to Special Duty
- [ ] Probationary Period Adjustment
- [ ] Other

### 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)

### Current

<table>
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<td>UNIT / DEPT ID / CLAIM GROUP</td>
<td>Medical/JBCC 6363109 141</td>
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<tr>
<td>PAY BAND / SALARY</td>
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<td>PIN NUMBER / WLOC CODE</td>
<td>1310XXXX 21ME</td>
</tr>
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</table>

### Proposed

| IS THIS A SUPERVISORY POSITION? | Check One:  
  - [ ] YES  
  - [ ] NO |

**Remarks:** Approved 92 attached.

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 20 hours per week (50% of full time).

---

**Signed:**  
Appointing Authority/Title  
Date: 

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

---

26
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 260:25-17-74(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 260:25-17-75(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).”

ATTACHMENTS:

- Personnel Transaction Freeze Exception Request – An approved HCM-92 form which authorizes an exception to the hiring freeze.
Approval of the following action is requested for (include last name, full first name and middle initial.):

**DOE, John B.**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Agency Number</th>
<th>Current Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Corrections</td>
<td>131</td>
<td>10-1-2012</td>
</tr>
</tbody>
</table>

Social Security Number: 123456

**APPOINTMENTS:**
- Initial Probationary
- State E-List Number:
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law,
  Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

**DATE OF LAST SERVICE REVIEW:**

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

**CURRENT**

<table>
<thead>
<tr>
<th>HCM JOB CODE &amp; TITLE</th>
<th>Correctional Case Manager, 0286</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIT / DEPT ID / CLAIM GROUP</td>
<td>JBCC 1311100 141</td>
</tr>
<tr>
<td>PAY BAND / SALARY</td>
<td>$14.55 per hour</td>
</tr>
<tr>
<td>PIN NUMBER / WLOC CODE</td>
<td>1310XXXX 21JB</td>
</tr>
</tbody>
</table>

**PROPOSED**

<table>
<thead>
<tr>
<th>IS THIS A SUPERVISORY POSITION?</th>
<th>Check One:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**REMARKS:** Approved 92 attached.

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: ________________

Division Chief or Department/Title

Signed: _______________________________ Date: ________________

Director of Administration

Signed: _______________________________ Date: ________________
## Request for Personnel Action

### Approval of the Following Action

DOE, John B.

**Social Security Number**: 123456

**Effective Date of Transaction**: 10-1-2012

### Appointments

- Initial Probationary
- State E-List Number: [ ]
- Transfer Interagency: [ ]
- Reinstatement: [ ]
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

### Separations

- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

### Changes

- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

### Leave

- Sick Leave Without Pay
- Leave Without Pay
- Return From Leave
- Military Leave With Pay
- Military Leave Without Pay
- Suspension With Pay (Letter Required)

### Current

- **HCM Job Code & Title**: Correctional Case Manager, 0287
- **Unit / Dept ID / Claim Group**: JBCC 131100 141
- **Pay Band / Salary**: $14.55 per hour
- **Pin Number / WLOC Code**: 1310XXXX 21JB

### Proposed

- **HCM Job Code & Title**
- **Unit / Dept ID / Claim Group**
- **Pay Band / Salary**
- **Pin Number / WLOC Code**

### Remarks

Approved 92 attached.

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: ______________

Division Chief or Department/Title

**Signed:** ____________________________ Date: ______________

Director of Administration
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:**

- Human Capital 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 260:25-11-132, Method of Resignation.) Verbal resignations may be accepted by the Appointing Authority and implemented at his/her discretion.

- An employee who is absent from work without prior approval and who has not contacted her/her supervisor or facility/unit head within five working days is deemed to have resigned from state service.

- 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 260:25-11-93, 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 260:25-11-134, 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 time/leave system shows a balance of 185.639871 hours, the final 4 digits will be dropped and 185.63 hours will be listed on the HCM-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 Human Capital Management  
REQUEST FOR PERSONNEL ACTION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>131</th>
<th>Current Date</th>
<th>10-1-2012</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>123456</th>
<th>Effective Date of Transaction</th>
<th>9-30-2012</th>
</tr>
</thead>
</table>

**APPOINTMENTS:**
- Initial Probationary  
  State E-List Number:
- Transfer Interagency:
- Reinstatement:  
  - Probationary *  
  - Permanent  
- Unclassified: By Law, Cite Authority in Remarks  
- Temporary  
- Direct Hire Authority
- * OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge  
  - Probationary  
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required  
  - Y  
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

**Date of Last Service Review:**

**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)

**CURRENT**

<table>
<thead>
<tr>
<th>Unit Manager, I15A</th>
<th>HCM JOB CODE &amp; TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>JBCC</td>
<td>1311100 141</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Band L, $3395.89</th>
<th>PAY BAND / SALARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1310XXXX</td>
<td>21JB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IS THIS A SUPERVISORY POSITION?</th>
<th>Check One:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**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:** _______________________________  
**Division Chief or Department/Title**

**Date:** ________________________________

---
REQUEST FOR PERSONNEL ACTION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>131</th>
<th>Current Date</th>
<th>1-18-2017</th>
</tr>
</thead>
</table>

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

DOE, John B.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
<th>1-18-2017</th>
</tr>
</thead>
</table>

**APPOINTMENTS:**
- Initial Probationary
  - State E-List Number:
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

**LEAVE:**
- 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)

**CURRENT**
- Unit Manager, I15A
- HCM JOB CODE & TITLE
- JBCC 1311100 141
- UNIT / DEPT ID / CLAIM GROUP
- Band, $3395.89
- PAY BAND / SALARY
- 1310XXXX 21JB
- PIN NUMBER / WLOC CODE

**PROPOSED**
- IS THIS A SUPERVISORY POSITION?
  - Check One: [ ] YES  [ ] NO

**REMARKS:**
Employee was on Unauthorized Absence from January 11-17, 2017 (5 working days) and is deemed to have resigned per Merit Rule 260:25-11-132(c).

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: 71.75 hrs
(start date: xx-xx-xx)
Lifetime Donated Leave used: 2088 hrs
Current Fiscal Year Military used: 240 hrs
Current Year Enforced Used: 0 hrs
RDO: Saturday/Sunday

Signed: ___________________________ Date: ________________
Appointing Authority/Title

Signed: ___________________________ Date: ________________
Division Chief or Department/Title
**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 260:25-11-32). 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 HCM-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.
**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.**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>123456</td>
<td>9-24-2012</td>
</tr>
</tbody>
</table>

**APPOINTMENTS:**
- Initial Probationary State E-List Number:
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- 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)
- Return From Suspension
- Other (Explain in Remarks Section)

**CURRENT**

<table>
<thead>
<tr>
<th>Unit Manager, I15A</th>
<th>HCM JOB CODE &amp; TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>JBCC</td>
<td>1311100</td>
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<tr>
<td>Band L, $3395.89</td>
<td>141</td>
</tr>
<tr>
<td>1310XXXX</td>
<td>21JB</td>
</tr>
</tbody>
</table>

**PROPOSED**

**IS THIS A SUPERVISORY POSITION?** Check One:
- [ ] YES
- [ ] 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:** __________________________________________________________________________  
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 260:25-11-72 and 260:25-11-74.)

**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 260:25-11-39) except as provided in Merit Rule 260:25-11-74.

- If the employee is accepting an unclassified position at another state agency, our HCM-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.
**TRANSFER INTERAGENCY**

Office of Human Capital Management

**REQUEST FOR PERSONNEL ACTION**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
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</table>

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

**DOE, John B.**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
<th>9-30-2012</th>
</tr>
</thead>
</table>

### APPOINTMENTS:
- Initial Probationary
- State E-List Number: [Attachment F, required][1](attach signed copy)
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

### SEPARATIONS:
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

### CHANGES:
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- 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 Without Pay
  - Return From Suspension
  - Other (Explain in Remarks Section)

### CURRENT
- Unit Manager, I15A
- HCM JOB CODE & TITLE
- JBCC 1311100 141
- UNIT / DEPT ID / CLAIM GROUP
- Department of Human Services
- Band L, $3395.89
- PAY BAND / SALARY
- 1310XXXX 21JB
- PIN NUMBER / WLOC CODE

### PROPOSED

**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)  
FMLA (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: ________________
Division Chief or Department/Title

---

[1](attach signed copy)
**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**
(State of Oklahoma
Office of Human Capital Management

**REQUEST FOR PERSONNEL ACTION**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>Current Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Number: 131</td>
<td>Current Date: 10-1-2012</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**DOE, John B.**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
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</tr>
</thead>
<tbody>
<tr>
<td>123456</td>
<td>10-30-2012</td>
<td></td>
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</tbody>
</table>

**APPOINTMENTS:**
- Initial Probationary
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law,
  Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

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

**CURRENT**

<table>
<thead>
<tr>
<th>Temporary LPN II, 0020</th>
<th>HCM JOB CODE &amp; TITLE</th>
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<tbody>
<tr>
<td>Medical/JBCC 6363109</td>
<td>141</td>
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<table>
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<tr>
<th>$15.36 per hour</th>
<th>PAY BAND / SALARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1310XXXX</td>
<td>21ME</td>
</tr>
</tbody>
</table>

**REMARKS:**

Total hours worked in temporary status: 774.50

Signed: _____________________________  Date: ________________
Appointing Authority/Title

Signed: _____________________________  Date: ________________
Division Chief or Department/Title

Director of Administration
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.

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.
State of Oklahoma  
Office of Human Capital 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.**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>123456</td>
<td>9-30-2012</td>
</tr>
</tbody>
</table>

**APPOINTMENTS:**
- Initial Probationary
- State E-List Number:
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority
- * OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

**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)

**CURRENT**

<table>
<thead>
<tr>
<th>Unit Manager, I15A</th>
<th>HCM JOB CODE &amp; TITLE</th>
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</thead>
<tbody>
<tr>
<td>JBCC</td>
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<tr>
<td>1311100</td>
<td>141</td>
</tr>
<tr>
<td>Band L, $3395.89</td>
<td>UNIT / DEPT ID / CLAIM GROUP</td>
</tr>
<tr>
<td>1310XXXX</td>
<td>21JB</td>
</tr>
<tr>
<td></td>
<td>PIN NUMBER / WLOC CODE</td>
</tr>
</tbody>
</table>

**PROPOSED**

<table>
<thead>
<tr>
<th>IS THIS A SUPERVISORY POSITION?</th>
<th>Check One:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**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: ___________________________   Director of Administration   Date: ______________

Division Chief or Department/Title
**TYPE OF SEPARATION:** Death

**REMARKS:** State the date the employee died (**this date must 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 Human Capital Management
REQUEST FOR PERSONNEL ACTION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>Current Date</th>
<th>10-1-2012</th>
</tr>
</thead>
</table>

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

Social Security Number        Employee ID         Effective Date of Transaction  9-27-2012

APPOINTMENTS:                   SEPARATIONS:                  CHANGES:                 
- Initial Probationary         - Resignation                   - Transfer Within Agency
  State E-List Number:         - Discharge                      - Name Change
- Transfer Interagency:       - Probationary                   - Promotion: Trial Period Required
- Reinstatement:              - Reduction in Force (Letter Required)
  - Probationary *             - Transfer Interagency
  - Permanent                  - Expiration of Appointment
- Unclassified: By Law,      - Retirement                     - Voluntary Demotion (Letter Required)
  Cite Authority in Remarks   - Death                         - Demotion
- Temporary                   - Details to Special Duty
- Direct Hire Authority       - Expiration of Details to Special Duty
- * OP-110235, Attachment F,  - Probationary Period Adjustment
  required (attach signed copy) - 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
- Suspension Without Pay
- Military Leave Without Pay
- Return From Suspension
- Suspension With Pay (Letter Required)
- Other (Explain in Remarks Section)

CURRENT PROPOSED

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<tr>
<td>1310XXXX</td>
<td>21JB</td>
</tr>
</tbody>
</table>

IS THIS A SUPERVISORY POSITION? Check One: [ ] YES [ ] NO

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: ___________________________ Director of Administration Date: ____________
Division Chief or Department/Title
This section of the HCM-14 form includes actions which affect an employee’s current status. Examples include: promotion, demotion, detail to special duty, and name change.

Human Capital 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 HCM 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, HCM must certify that the employee possesses the qualifications for the job family level. (See Merit Rule 260:25-9-10 Required Certification of Qualifications before Promotions, Demotions, Transfer and Reinstatements.)

- 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 260:25-11-55(a)(1)] A form signed by the employee is not required in order for the trial period to be in effect.

- 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 HCM. [Merit Rule 260:25-11-55 (a)(2)]

- The date of the most recent performance appraisal (within 12 months) must be included on the HCM-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 the maximum of the new pay band.

[See Merit Rule 260:25-7-14 (b) and OP-110340]

REMARKS:

Include regular days off.

ATTACHMENTS:

- Approved HCM-92, Personnel Transaction Freeze Exception Request (unless for career progression)
- Salary calculation worksheet
**State of Oklahoma**
**Office of Human Capital 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.**

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<tbody>
<tr>
<td></td>
<td>123456</td>
<td>10-1-2012</td>
</tr>
</tbody>
</table>

**APPOINTMENTS:**
- Initial Probationary
- Transfer Interagency
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
  - Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

**LEAVE:** Specify Duration:
- Sick Leave Without Pay
- Leave Without Pay
- Return From Leave
- Military Leave Without Pay
- Suspension Without Pay
- Return From Suspension
- Other (Explain in Remarks Section)

**CURRENT**

<table>
<thead>
<tr>
<th>JOB CODE &amp; TITLE</th>
<th>HCM JOB CODE &amp; TITLE</th>
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</thead>
<tbody>
<tr>
<td>Correctional Security Officer III, I10C</td>
<td>Correctional Security Officer IV, I10D</td>
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<tr>
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**PROPOSED**

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Check One: [] YES [] NO</td>
</tr>
</tbody>
</table>

**REMARKS:** Approved 92 attached.

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

Signed: _______________________________  
Appointing Authority/Title  
Date: ________________

Signed: _______________________________  
Division Chief or Department/Title  
Date: ________________

**Date of Last Service Review:**

**Signed:** _______________________________  
Appointing Authority/Title  
Date: ________________

**Signed:** _______________________________  
Division Chief or Department/Title  
Date: ________________
**PROMOTION OF CADET**  
(CAREER PROGRESSION)  

State of Oklahoma  
Office of Human Capital Management  

REQUEST FOR PERSONNEL ACTION

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**APPOINTMENTS:**
- Initial Probationary State E-List Number:
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
  - Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

**CURRENT**  
Correctional Security Officer I, I10A  
JBCC  
Band F, $2214.43  
1310XXXX  
PAY BAND / SALARY  
Band G, $2325.16  
PIN NUMBER / WLOC CODE  
21JB

**PROPOSED**  
Correctional Security Officer II, I10B  
HCM JOB CODE & TITLE  
Same  
UNIT / DEPT ID / CLAIM GROUP  
Same  
PAY BAND / SALARY  
Suspension Without Pay  
Suspension With Pay (Letter Required)  
Military Leave With Pay  
Military Leave Without Pay  
Suspension With Pay (Letter Required)  
Other (Explain in Remarks Section)

**IS THIS A SUPERVISORY POSITION?**  
Check One:  
- YES  
- NO

**REMARKS:**  
No 92 required.

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: ___________________________  
Appointing Authority/Title  

Date: ____________________________

Signed: ___________________________  
Division Chief or Department/Title  

Date: ____________________________

Signed: ___________________________  
Director of Administration  

Date: ____________________________
WAIVER OF PROBATIONARY PERIOD
DUE TO PROMOTION
State of Oklahoma
Office of Human Capital Management
REQUEST FOR PERSONNEL ACTION

<table>
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<th>Agency</th>
<th>Department of Corrections</th>
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</table>

**APPOINTMENTS:**
- [ ] Initial Probationary
- [ ] State E-List Number:
- [ ] Transfer Interagency:
- [ ] Reinstatement:
  - [ ] Probationary *
  - [ ] Permanent
- [ ] Unclassified: By Law,
  Cite Authority in Remarks
- [ ] Temporary
- [ ] Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- [ ] Resignation
- [ ] Discharge
  - [ ] Probationary
  - [ ] Reduction in Force (Letter Required)
- [ ] Transfer Interagency
- [ ] Expiration of Appointment
- [ ] Retirement
- [ ] Death

**CHANGES:**
- [ ] Transfer Within Agency
- [ ] Name Change
- [ ] Promotion: Trial Period Required
  - [ ] Y
  - [ ] N
- [ ] Voluntary Demotion (Letter Required)
- [ ] Demotion
- [ ] Detail to Special Duty
- [ ] Expiration of Detail to Special Duty
- [ ] Probationary Period Adjustment
- [ ] Other

Date of Last Service Review: ____________________________

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

**CURRENT**

<table>
<thead>
<tr>
<th>Administrative Technician III, E16C</th>
<th>HCM JOB CODE &amp; TITLE</th>
<th>Secretary III, E24C</th>
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</thead>
<tbody>
<tr>
<td>JBCC 1311100</td>
<td>141</td>
<td>Same</td>
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<tr>
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<td>PAY BAND / SALARY</td>
<td>Band H - $2083.73</td>
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<td>PIN NUMBER / WLOC CODE</td>
<td>21JB</td>
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**PROPOSED**

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<tbody>
<tr>
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<td>1310XXXX</td>
<td>21jb</td>
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</tbody>
</table>

**IS THIS A SUPERVISORY POSITION?**
- [ ] YES
- [x] NO

REMARKS: Approved 92 attached.

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: ________________________________________ Date: ______________
Appointing Authority/Title

Signed: ________________________________________ Date: ______________
Division Chief or Department/Title

Signed: ________________________________________ Date: ______________
Director of Administration

48
PROMOTION DUE TO REALLOCATION

State of Oklahoma
Office of Human Capital Management
REQUEST FOR PERSONNEL ACTION

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

DOE, John B.

Social Security Number

Employee ID

Effective Date of Transaction

APPOINTMENTS:
☐ Initial Probationary
☐ Transfer Interagency:
☐ Reinstatement:
☐ Probationary *
☐ Permanent
☐ Unclassified: By Law,
☐ Cite Authority in Remarks
☐ Temporary
☐ Direct Hire Authority
* OP-110235, Attachment F, required
(attach signed copy)

SEPARATIONS:
☐ Resignation
☐ Discharge
☐ Probationary
☐ Reduction in Force (Letter Required)
☐ Transfer Interagency
☐ Expiration of Appointment
☐ Retirement
☐ Death

CHANGES:
☐ Transfer Within Agency
☐ Name Change
☒ Promotion: Trial Period Required
☐ Y
☒ N
☐ Voluntary Demotion (Letter Required)
☐ Demotion
☐ Detail to Special Duty
☐ Expiration of Detail to Special Duty
☐ Probationary Period Adjustment
☐ Other

Date of Last Service Review:

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

CURRENT

HCM JOB CODE & TITLE

PROPOSED

Administrative Technician III, E16C

Administrative Assistant I, E17A

JBCC 1311100 141

Same

Band F, $1880.88

Band H - $2079.00

1310XXXX 21JB

1310XXXX 21JB

PIN NUMBER / WLOC CODE

IS THIS A SUPERVISORY POSITION?

Check One:
☐ YES
☒ NO

REMARKS:

Reallocation of position. Final allocation date 9-27-12 to code E17A. Employee is promoted effective 10-1-12.
Trial period is waived in accordance with OP-110235. RDO: Saturday & Sunday

Signed: ___________________________________________ Date: ______________

Appointing Authority/Title

Signed: ___________________________________________ Date: ______________

Division Chief or Department/Title

Director of Administration
**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 HCM-14. (Merit Rule 260:25-11-76)

- Before an employee can be demoted, HCM 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 260:25-9-10.)

- 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 HCM.

- A probationary employee is not eligible for a promotion or a demotion. (Merit Rule 260:25-11-38)

**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 Human Resources 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
- Salary calculation worksheet
Notice of Trial Period Required
For Voluntary Demotion

Date: 9-26-2012

To: John B. Doe
Employee

From: XXXXX, Warden
Appointing Authority

Mabel Bassett Correctional Center
Facility/Unit

RE: REQUIREMENT FOR A TRIAL PERIOD

Your demotion to the position of Correctional Security Officer IV, Pay Band I is effective 10-1-2012. 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 3-31-2013.

Signature of Appointing Authority 9-26-2012

Signature of Employee 9-26-2012

Distribution: Employee Personnel File
Forward to central Human Resources unit with HCM-14
**VOLUNTARY DEMOTION**

State of Oklahoma
Office of Human Capital Management

**REQUEST FOR PERSONNEL ACTION**

<table>
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<tr>
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<th>Current Date</th>
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<tbody>
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<td>10-1-2012</td>
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Approval of the following action is requested for (include last name, full first name and middle initial):

**DOE, John B.**

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**APPOINTMENTS:**
- [ ] Initial Probationary
- [ ] Transfer Interagency
- [ ] Reinstatement:
  - [ ] Probationary *
  - [ ] Permanent
- [ ] Unclassified: By Law, Cite Authority in Remarks
- [ ] Temporary
- [ ] Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEP separations:**
- [ ] Resignation
- [ ] Discharge
  - [ ] Probationary
- [ ] Reduction in Force (Letter Required)
- [ ] Transfer Interagency
- [ ] Expiration of Appointment
- [ ] Retirement
- [ ] Death

**CHANGES:**
- [ ] Transfer Within Agency
- [ ] Name Change
- [ ] Promotion: Trial Period Required
  - [ ] Y
  - [ ] N
- [ ] Voluntary Demotion (Letter Required)
- [ ] Demotion
- [ ] Detail to Special Duty
- [ ] Expiration of Detail to Special Duty
- [ ] Probationary Period Adjustment
- [ ] Other

**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)

**CURRENT**

<table>
<thead>
<tr>
<th>HCM JOB CODE &amp; TITLE</th>
<th>UNIT / DEPT ID / CLAIM GROUP</th>
<th>PAY BAND / SALARY</th>
<th>PIN NUMBER / WLOC CODE</th>
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<tbody>
<tr>
<td>Correctional Security Officer IV, I10D</td>
<td>JBCC 1311100 141</td>
<td>Band I, $2650.62</td>
<td>1310XXXX 21JB</td>
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<tr>
<td>Correctional Security Officer III, I10C</td>
<td>OSP 0511100</td>
<td>Band H - $2518.09</td>
<td>1310XXXX 20OP</td>
</tr>
</tbody>
</table>

**REMARKS:** Approved 92 attached.

Voluntary demotion in accordance with Merit Rule 260:25-11-76. Letter attached.

RDO: Saturday & Sunday

---

**Signed:** ________________________________ Date: ________________________________

Appointing Authority/Title

**Signed:** ________________________________ Date: ________________________________

Division Chief or Department/Title

---

52
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, HCM 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 260:25-9-10.)

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 Human Resources 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:

- Salary calculation worksheet
**IN VOLUNTARY DEMOTION**

**State of Oklahoma**
**Office of Human Capital Management**

**REQUEST FOR PERSONNEL ACTION**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>131</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Date</td>
<td>10-1-2012</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**DOE, John B.**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
<th>123456</th>
<th>10-1-2012</th>
</tr>
</thead>
</table>

**APPOINTMENTS:**
- [ ] Initial Probationary
- [ ] Transfer Interagency:
- [ ] Reinstatement:
  - [ ] Probationary *
  - [ ] Permanent
- [ ] Unclassified: By Law.
- [ ] Cite Authority in Remarks
- [ ] Temporary
- [ ] Direct Hire Authority

**SEPARATIONS:**
- [ ] Resignation
- [ ] Discharge
  - [ ] Probationary
  - [ ] Reduction in Force (Letter Required)
- [ ] Transfer Interagency
- [ ] Expiration of Appointment
- [ ] Retirement
- [ ] Death

**CHANGES:**
- [ ] Transfer Within Agency
- [ ] Name Change
- [ ] Promotion: Trial Period Required
  - [ ] Y
  - [ ] N
- [ ] Voluntary Demotion (Letter Required)
- [ ] Demotion
- [ ] Detail to Special Duty
- [ ] Expiration of Detail to Special Duty
- [ ] Probationary Period Adjustment
- [ ] Other

* OP-110235, Attachment F, required (attach signed copy)

**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)

**CURRENT**

<table>
<thead>
<tr>
<th>Correctional Security Officer IV, I10D</th>
<th>HCM JOB CODE &amp; TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>JBCC 131100 141</td>
<td>Correctional Security Officer III, I10C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Band I, $3010.25</th>
<th>PAY BAND / SALARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1310XXXX 21JB</td>
<td>Band H - $2859.74</td>
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</tbody>
</table>

**PROPOSED**

<table>
<thead>
<tr>
<th>Band I, $3010.25</th>
<th>PAY BAND / SALARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1310XXXX 21JB</td>
<td>21JB</td>
</tr>
</tbody>
</table>

**REMARKS:**

Demotion in accordance with Merit Rule 455:10-11-16. Letter attached.
RDO: Saturday & Sunday

Signed: ___________________________ Date: ________________

Appointing Authority/Title

Signed: ___________________________ Date: ________________

Division Chief or Department/Title
**TYPE OF CHANGE:** *Transfer Within Agency (Lateral 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 260:25-1-2).

**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 260:25-11-71(c).)

- 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 260:25-11-71 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 260:25-11-39.) However, following completion of the first 6 months, the remainder of the probationary period may be waived by the facility/unit head [Merit Rule 260:25-11-30(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, HCM must certify that the employee possesses the qualifications for the job family level. (Merit Rule 260:25-9-10.)

- 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 260:25-11-71 (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.
## IN-CLASS TRANSFER
### State of Oklahoma
#### Office of Human Capital Management

**REQUEST FOR PERSONNEL ACTION**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>Current Date</th>
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<td></td>
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<td>131</td>
<td>10-1-2012</td>
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Approval of the following action is requested for (include last name, full first name and middle initial):

**DOE, John B.**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>123456</td>
<td>10-1-2012</td>
</tr>
</tbody>
</table>

### APPOINTMENTS:
- Initial Probationary
- State E-List Number:
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

### SEPARATIONS:
- Resignation
- Discharge
  - Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

### CHANGES:
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

### Date of Last Service Review:

### 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)

### CURRENT

<table>
<thead>
<tr>
<th>HCM JOB CODE &amp; TITLE</th>
<th>Same</th>
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<tbody>
<tr>
<td>Correctional Security Officer IV, I10D</td>
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<tr>
<td>JBCC</td>
<td>1311100 141</td>
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<tr>
<td>Band I, $3010.25</td>
<td>1310000 21JB</td>
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### PROPOSED

<table>
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<td>PAY BAND / SALARY</td>
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<td>1310000 210OP</td>
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### REMARKS:
Approved 92 attached.

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

<table>
<thead>
<tr>
<th>IS THIS A SUPERVISORY POSITION?</th>
<th>Check One: YES NO</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Signed: ___________________________ Date: ____________
Appointing Authority/Title

Signed: ___________________________ Date: ____________
Division Chief or Department/Title

Signed: ___________________________ Date: ____________
Appointing Authority/Title
LATERAL TRANSFER
WITH PAY INCREASE

State of Oklahoma
Office of Human Capital Management

REQUEST FOR PERSONNEL ACTION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>131</th>
<th>Current Date</th>
<th>10-1-2012</th>
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</table>

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

DOE, John B.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
<th>10-1-2012</th>
</tr>
</thead>
</table>

**APPOINTMENTS:**
- Initial Probationary
- State E-List Number:
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority
- * OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
  - Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

<table>
<thead>
<tr>
<th>Date of Last Service Review:</th>
</tr>
</thead>
</table>

**LEAVE:** Specify Duration:
- Sick Leave Without Pay
- Leave Without Pay
- Return From Leave
- Military Leave With Pay
- Military Leave Without Pay
- Suspension Without Pay
- Suspension With Pay (Letter Required)

**CURRENT**

<table>
<thead>
<tr>
<th>Accounting Technician II, D50B</th>
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<tr>
<td>JBCC</td>
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**PROPOSED**

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<th>Customer Service Representative III, E13C</th>
<th>OSP</th>
<th>0511100</th>
<th>545</th>
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<tr>
<td>Band G - $2010.77</td>
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<tr>
<td>1310XXXX</td>
<td>21JB</td>
<td>21JB</td>
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</tbody>
</table>

**Remarks:** Approved 92 attached.

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

Signed:_______________________________________________________________________________________
Appointing Authority/Title

Signed:_______________________________________________________________________________________
Director of Administration
TRANSFER WITHIN AGENCY
WAIVER OF PROBATIONARY PERIOD

State of Oklahoma
Office of Human Capital 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: 123456
Employee ID: 123456
Effective Date of Transaction: 10-1-2012

APPOINTMENTS:
☐ Initial Probationary
☐ State E-List Number:
☐ Transfer Interagency:
☐ Reinstatement:
☐ Probationary *
☐ Permanent
☐ Unclassified: By Law,
☐ Cite Authority in Remarks
☐ Temporary
☐ Direct Hire Authority

* OP-110235, Attachment F, required
(attach signed copy)

SEPARATIONS:
☐ Resignation
☐ Discharge
☐ Probationary
☐ Reduction in Force (Letter Required)
☐ Transfer Interagency
☐ Expiration of Appointment
☐ Retirement
☐ Death

CHANGES:
☒ Transfer Within Agency
☐ Name Change
☐ Promotion: Trial Period Required
☐ Y
☐ N
☐ Voluntary Demotion (Letter Required)
☐ Demotion
☐ Detail to Special Duty
☐ Expiration of Detail to Special Duty
☐ Probationary Period Adjustment
☐ Other

Date of Last Service Review:

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

CURRENT

Accounting Technician II, D50B
JBCC
1311100
141
1310XXXX
21JB

PROPOSED

HCM JOB CODE & TITLE
Customer Service Representative III, E13C
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? ☐ YES ☒ NO

REMARKS: Approved 92 attached.

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: ______________
Division Chief or Department/Title

Director of Administration

58
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 260:25-11-110)

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 260:25-11-110(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 260:25-11-110(b)]

- An employee shall not be placed on detail to special duty for more than 12 months in any 36 month period.

- An employee cannot be detailed to or from an unclassified position. An unclassified employee cannot be detailed to another unclassified position. See page 24 for example of temporary Unclassified appointment.

SALARY: The rate of pay will be established at the same level as if the employee were promoted. (See Merit Rule 260:25-7-17) 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 HCM-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**
123456

**Employee ID**

**Effective Date of Transaction**
10-1-2012

**APPOINTMENTS:**
- Initial Probationary
- State E-List Number:
- Transfer Interagency:
  - [ ] Probationary *
  - [ ] Permanent
- Reinstatement:
  - [ ] Probationary *
  - [ ] Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
  - [ ] Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

Date of Last Service Review:

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

**CURRENT**

<table>
<thead>
<tr>
<th>Administrative Technician III, E16C</th>
<th>Administrative Technician III, E16C</th>
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<tbody>
<tr>
<td>JBCC 1311100 141</td>
<td>HCM JOB CODE &amp; TITLE</td>
</tr>
<tr>
<td>Band F, $1880.88</td>
<td>Secretary III, E24C</td>
</tr>
<tr>
<td>1310XXXX 1310XXXX</td>
<td>Same</td>
</tr>
<tr>
<td>21JB</td>
<td>Pay Band / Salary</td>
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<tr>
<td>21JB</td>
<td>Band H - $2083.73</td>
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**PROPOSED**

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<tr>
<th>Administrative Technician III, E16C</th>
<th>Administrative Technician III, E16C</th>
</tr>
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<td>Band F, $1880.88</td>
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<td>1310XXXX 1310XXXX</td>
<td>Same</td>
</tr>
<tr>
<td>21JB</td>
<td>Pay Band / Salary</td>
</tr>
<tr>
<td>21JB</td>
<td>Band H - $2083.73</td>
</tr>
</tbody>
</table>

**REMARKS:**
Approved 92 attached.

Detail to Special Duty not to exceed 12 months.
RDO: Saturday & Sunday

Signed: ___________________________  Date: ______________
Appointing Authority/Title

Signed: ___________________________  Date: ______________
Director of Administration
Division Chief or Department/Title
TYPE OF CHANGE: Probationary Adjustments

PURPOSE: The probationary period may not be extended [Merit Rule 260:25-11-30(a)]. However, if a probationary employee is absent* from work in excess of 30 continuous calendar days, the probationary period will be adjusted by the number of calendar days the probationary employee was absent. The employee will be notified at the earliest date that the probationary period is to be adjusted. Upon the employee’s return to work, notification of such adjustment will be provided to the employee and the Human Capital Management Division and will include the adjusted date of the final working day of the probationary period [Merit Rule 260:25-11-36(b)].

*The absence may consist of paid and/or unpaid leave.

LEAVE WITHOUT PAY:

- Upon written request, a probationary employee may be granted leave without pay in accordance with Merit Rules 260:25-15-47 and 260:25-15-49. If a probationary employee is absent from work in excess of 30 continuous calendar days, the probationary period will be adjusted by the number of calendar days the probationary employee was absent.

Remarks: Reference Merit Rule 260:25-11-36 (b); indicate new probationary end date.
ADJUSTMENT OF PROBATIONARY PERIOD DUE TO L.W.O.P.

State of Oklahoma
Office of Human Capital Management

REQUEST FOR PERSONNEL ACTION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>Current Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>131</td>
<td>6-5-17</td>
</tr>
</tbody>
</table>

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

DOE, John B.

Social Security Number: [REDACTED]  Employee ID: 123456

Effective Date of Transaction: 6-5-17

APPOINTMENTS:
- Initial Probationary State E-List Number: [REDACTED]
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

SEPARATIONS:
- Resignation
- Discharge
  - Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

CHANGES:
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

Date of Last Service Review:

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)

CURRENT

Accounting Technician II, D50B HCM 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

PROPOSED


IS THIS A SUPERVISORY POSITION? Check One: □ YES  □ NO

REMARKS:

Employee was hired 5-1-16 and was absent 36 days during the probationary period. In accordance with Merit Rule 260:25-11-36(b), the final day of the probationary period is adjusted by 36 days to 6-5-17.
RDO: Saturday & Sunday

Signed: ___________________________ Date: ________________
Appointing Authority/Title

Signed: ___________________________ Date: ________________
Division Chief or Department/Title

______________________________
Director of Administration
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 HCM-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.
State of Oklahoma
Office of Human Capital Management

REQUEST FOR PERSONNEL ACTION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>Current Date</th>
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<tbody>
<tr>
<td></td>
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<td>131</td>
<td>12-1-2012</td>
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Approval of the following action is requested for (include last name, full first name and middle initial):

DOE, John B.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
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<tbody>
<tr>
<td></td>
<td>123456</td>
<td>12-1-2012</td>
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**APPOINTMENTS:**
- Initial Probationary
- Transfer Interagency:
  - State E-List Number:
  - Reinstatement:
    - Probationary *
    - Permanent
  - Unclassified: By Law
  - Cite Authority in Remarks
  - Temporary
  - Direct Hire Authority
  - Unclassified: By Law
  - Cite Authority in Remarks

**SEPARATIONS:**
- Resignation
- Discharge
  - Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

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

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

<table>
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<th>PROPOSED</th>
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<tbody>
<tr>
<td>JOB CODE &amp; TITLE</td>
<td>CORRECTIONAL SECURITY OFFICER IV, I10D</td>
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<tr>
<td>JBCC</td>
<td>1311100</td>
</tr>
<tr>
<td>Band I, $3010.25</td>
<td>PAY BAND / SALARY</td>
</tr>
<tr>
<td>1310XXXX</td>
<td>21JB</td>
</tr>
</tbody>
</table>

**IS THIS A SUPERVISORY POSITION?**
- Check One:  
  - YES
  - NO

Signed: ___________________________  Date: _________________
Appointing Authority/Title

Signed: ___________________________  Date: _________________
Division Chief or Department/Title

Signed: ___________________________  Date: _________________
Director of Administration
EXPIRATION OF
DETAIL TO SPECIAL DUTY
State of Oklahoma
Office of Human Capital Management
REQUEST FOR PERSONNEL ACTION

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

**DOE, John B.**

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<tbody>
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<td>4-1-2013</td>
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**APPOINTMENTS:**
- Initial Probationary
- Transfer Interagency:
  - State E-List Number:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law.
- Cite Authority in Remarks
- Temporary
- Direct Hire Authority
- * OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
  - Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

**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)

**CURRENT**

<table>
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<th>UNIT / DEPT ID / CLAIM GROUP</th>
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<tr>
<td>Correctional Security Officer IV, I10D</td>
<td>JBCC 1311100 141</td>
</tr>
<tr>
<td>Band I, $3010.25</td>
<td>Same</td>
</tr>
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**PROPOSED**

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<tr>
<td>Band I, $3010.25</td>
<td>Same</td>
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</table>

**IS THIS A SUPERVISORY POSITION?**

**REMARKS:**

Expiration of Detail to Special Duty.
RDO: Saturday & Sunday

Signed: ____________________________ Date: ________________

Appointing Authority/Title

Signed: ____________________________ Date: ________________

Division Chief or Department/Title

Director of Administration
NAME CHANGE

State of Oklahoma
Office of Human Capital Management

REQUEST FOR PERSONNEL ACTION

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<td></td>
<td>131</td>
<td>10-1-12</td>
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</table>

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

Social Security Number: Employee ID
123456

Effective Date of Transaction: 10-1-12

APPOINTMENTS:
- Initial Probationary
- Transfer Interagency:
  - State E-List Number:
  - Probationary *
  - Permanent
- Reinstatement:
- Unclassified: By Law
- Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

SEP separations:
- Resignation
- Discharge
  - Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

CHANGES:
- Transfer Within Agency
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

LEAVE:
- Specify Duration:
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  - 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)

CURRENT

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<tr>
<th>JOB CODE &amp; TITLE</th>
<th>HCM JOB CODE &amp; TITLE</th>
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<td>Accounting Technician II, D50B</td>
<td>Same</td>
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<tr>
<td>JBCC 1311100 141</td>
<td>UNIT / DEPT ID / CLAIM GROUP</td>
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<td>PAY BAND / SALARY</td>
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<tr>
<td>1310XXXX 21JB</td>
<td>PIN NUMBER / WLOC CODE</td>
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</table>

PROPOSED

<table>
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<tr>
<th>CHECK ONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES</td>
</tr>
<tr>
<td>☒ NO</td>
</tr>
</tbody>
</table>

IS THIS A SUPERVISORY POSITION?

REMARKS:
Legal name change only (From Jones to Smith). Copy of new social security card attached.
RDO: Saturday & Sunday

Signed: ____________________________  Date: _______________
Appointing Authority/Title

Signed: ____________________________  Date: _______________
Division Chief or Department/Title

Signed: ____________________________  Date: _______________
Director of Administration
TYPE OF LEAVE: Leave Without Pay


- 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 HCM-14 which contains the comment “leave without pay” when an employee starts, extends, or completes any period of leave without pay. The HCM-14 for completing such period must also specify either the status or leave program the employee is changing to.


- 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 HCM-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 260:25-15-47 will not apply to military leave without pay.

- The facility/unit Human Resources Management Specialist will complete and submit an HCM-14 which contains the comment “military leave without pay” when an employee starts, extends, or completes a period of military leave without pay. The HCM-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 Human Resources unit an HCM-14 for each payment to be made.
**Leave Without Pay Due to Workers Compensation** (74 O.S. § 840-2.21, Merit Rule 260:25-15-49 and OP-110355):

- The central Human Resources unit will be responsible for the completion of an HCM-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 260:25-15-49(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**


- 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 HCM-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 HCM-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 HCM-14 indicating “Military Family Leave Without Pay” when an employee starts, extends, or completes a period of Military Family Leave Without Pay. The HCM-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 260:25-11-36):

- If a probationary employee is absent from work in excess of 30 continuous calendar days, the probationary period will be adjusted by the number of calendar days the probationary employee was absent. The employee will be notified at the earliest date that the probationary period is to be adjusted. Upon the employee’s return to work, notification of such adjustment will be provided to the employee and
the Human Capital Management Division and will include the adjusted date of the final working day of the probationary period [Merit Rule 260:25-11-36(b)].

- The facility/unit HRMS will ensure that the HCM-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 Human Capital Management**

**REQUEST FOR PERSONNEL ACTION**

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<td>131</td>
<td>10-1-12</td>
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Approval of the following action is requested for (include last name, full first name and middle initial):

**DOE, John B.**

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### APPOINTMENTS:
- Initial Probationary
- State E-List Number: 
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

### SEPARATIONS:
- Resignation
- Discharge
  - Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

### CHANGES:
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

### LEAVE: Specify Duration: October 1-3, 2012
- Sick Leave Without Pay
- Leave Without Pay
- Return From Leave
- Military Leave With Pay
- Military Leave Without Pay
- Suspension Without Pay
- Return From Suspension
- Other (Explain in Remarks Section)

### CURRENT
- Correctional Security Officer IV, I10D
- HCM 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

### PROPOSED
- IS THIS A SUPERVISORY POSITION? Check One: ☐ YES ☒ NO

### REMARKS:
Three (3) days leave without pay per Merit Rule 260:25-15-47.
RDO: Saturday & Sunday

Signed: ___________________________ (Appointing Authority/Title)  
Date: ____________________________

Signed: ___________________________ (Division Chief or Department/Title)  
Date: ____________________________
LEAVE WITHOUT PAY
UNAUTHORIZED ABSENCE

State of Oklahoma
Office of Human Capital Management

REQUEST FOR PERSONNEL ACTION

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**APPOINTMENTS:**
- [ ] Initial Probationary State E-List Number:
- [ ] Transfer Interagency:
- [ ] Reinstatement:  
  - [ ] Probationary *
  - [ ] Permanent
- [ ] Unclassified: By Law, Cite Authority in Remarks
- [ ] Temporary
- [ ] Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- [ ] Resignation
- [ ] Discharge  
  - [ ] Probationary
- [ ] Reduction in Force (Letter Required)
- [ ] Transfer Interagency
- [ ] Expiration of Appointment
- [ ] Retirement
- [ ] Death

**CHANGES:**
- [ ] Transfer Within Agency
- [ ] Name Change
- [ ] Promotion: Trial Period Required
  - [ ] Y
  - [ ] N
- [ ] Voluntary Demotion (Letter Required)
- [ ] Demotion
- [ ] Detail to Special Duty
- [ ] Expiration of Detail to Special Duty
- [ ] Probationary Period Adjustment
- [ ] Other

**LEAVE:** Specify Duration: October 1-3, 2012

- [ ] Sick Leave Without Pay
- [ ] Leave Without Pay
- [ ] Return From Leave
- [ ] Military Leave With Pay
- [ ] Military Leave Without Pay
- [ ] Suspension Without Pay
- [ ] Return From Suspension
- [ ] Other (Explain in Remarks Section)

**CURRENT**

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<tr>
<td>1310XXXX</td>
<td>PIN NUMBER / WLOC CODE</td>
<td>Same</td>
</tr>
</tbody>
</table>

**PROPOSED**

| IS THIS A SUPERVISORY POSITION? | Check One: [ ] YES [ ] NO |

**REMARKS:**

RDO: Saturday & Sunday

Signed:_________________________________________  Date: _________________
Appointing Authority/Title

Signed:_________________________________________  Date: _________________
Division Chief or Department/Title

Signed:_________________________________________  Date: _________________
Director of Administration
**MILITARY LEAVE WITHOUT PAY**

**INITIAL NOTIFICATION**

**State of Oklahoma**

**Office of Human Capital Management**

**REQUEST FOR PERSONNEL ACTION**

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**APPOINTMENTS:**

- [ ] Initial Probationary
- [ ] Transfer Interagency
- [ ] Reinstatement:
  - [ ] Probationary *
  - [ ] Permanent
- [ ] Unclassified: By Law, Cite Authority in Remarks
- [ ] Temporary
- [ ] Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**

- [ ] Resignation
- [ ] Discharge
  - [ ] Probationary
- [ ] Reduction in Force (Letter Required)
- [ ] Transfer Interagency
- [ ] Expiration of Appointment
- [ ] Retirement
- [ ] Death

**CHANGES:**

- [ ] Transfer Within Agency
- [ ] Name Change
- [ ] Promotion: Trial Period Required
  - [ ] Y
  - [ ] N
- [ ] Voluntary Demotion (Letter Required)
- [ ] Demotion
- [ ] Detail to Special Duty
- [ ] Expiration of Detail to Special Duty
- [ ] Probationary Period Adjustment
- [ ] Other

**LEAVE:** Specify Duration: 4-1-12 through 9-30-12

- [ ] 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)

**CURRENT**

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<th>HCM JOB CODE &amp; TITLE</th>
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<tr>
<td>JBCC 1311100 141</td>
<td>UNIT / DEPT ID / CLAIM GROUP</td>
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<th>Check One:</th>
<th>YES</th>
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<tbody>
<tr>
<td></td>
<td>NO</td>
<td></td>
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</table>

**REMARKS:**

Military leave without pay.
RDO: Saturday & Sunday

**Signed:**

Appointing Authority/Title

Date: ________________

**Signed:**

Director of Administration

Date: ________________

**Signed:**

Division Chief or Department/Title
RETURN FROM
MILITARY LEAVE WITHOUT PAY

State of Oklahoma
Office of Human Capital Management
REQUEST FOR PERSONNEL ACTION

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<th>SEPARATIONS:</th>
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<tbody>
<tr>
<td>Initial Probationary</td>
<td>Resignation</td>
<td>Transfer Within Agency</td>
</tr>
<tr>
<td>State E-List Number:</td>
<td></td>
<td>Name Change</td>
</tr>
<tr>
<td>Transfer Interagency:</td>
<td></td>
<td>Promotion: Trial Period Required</td>
</tr>
<tr>
<td>Reinstatement:</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>☐ Probationary *</td>
<td></td>
<td>☐ N</td>
</tr>
<tr>
<td>☐ Permanent</td>
<td>☐ Discharge</td>
<td>☐ Voluntary Demotion (Letter Required)</td>
</tr>
<tr>
<td>☐ Unclassified: By Law,</td>
<td>☐ Probationary</td>
<td>☐ Demotion</td>
</tr>
<tr>
<td>☐ Cite Authority in Remarks</td>
<td>☐ Reduction in Force (Letter Required)</td>
<td></td>
</tr>
<tr>
<td>☐ Temporary</td>
<td>☐ Transfer Interagency</td>
<td></td>
</tr>
<tr>
<td>☐ Direct Hire Authority</td>
<td>☐ Expiration of Appointment</td>
<td></td>
</tr>
<tr>
<td>* OP-110235, Attachment F, required</td>
<td>☐ Retirement</td>
<td>☐ Detail to Special Duty</td>
</tr>
<tr>
<td>(attach signed copy)</td>
<td>☐ Death</td>
<td>☐ Expiration of Detail to Special Duty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Probationary Period Adjustmen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

| Date of Last Service Review:      |              | |

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

<table>
<thead>
<tr>
<th>CURRENT</th>
<th>PROPOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band I, $3010.25</td>
<td>Same</td>
</tr>
<tr>
<td>1310XXX</td>
<td>PAY BAND / SALARY</td>
</tr>
<tr>
<td>21JB</td>
<td>PIN NUMBER / WLOC CODE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IS THIS A SUPERVISORY POSITION?</th>
<th>Check One:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ YES</td>
</tr>
<tr>
<td></td>
<td>☒ NO</td>
</tr>
</tbody>
</table>

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: _______________________________  Director of Administration  Date: _________________
Division Chief or Department/Title
### Military Leave Without Pay

**State of Oklahoma**
**Office of Human Capital Management**

**REQUEST FOR PERSONNEL ACTION**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>Current Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>131</td>
<td>5-1-12</td>
</tr>
</tbody>
</table>

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

**DOE, John B.**

Social Security Number: 
Employee ID: 123456
Effective Date of Transaction: 5-1-12

<table>
<thead>
<tr>
<th>APPOINTMENTS:</th>
<th>SEPARATIONS:</th>
<th>CHANGES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Probationary</td>
<td>Resignation</td>
<td>Transfer Within Agency</td>
</tr>
<tr>
<td>State E-List Number:</td>
<td></td>
<td>Name Change</td>
</tr>
<tr>
<td>Transfer Interagency:</td>
<td>Discharge</td>
<td>Promotion: Trial Period Required</td>
</tr>
<tr>
<td>Reinstatement:</td>
<td>Probationary</td>
<td>Y</td>
</tr>
<tr>
<td>Probationary *</td>
<td>Reduction in Force (Letter Required)</td>
<td>N</td>
</tr>
<tr>
<td>Permanent</td>
<td></td>
<td>Voluntary Demotion (Letter Required)</td>
</tr>
<tr>
<td>Temporary</td>
<td>Transfer Interagency</td>
<td>Demotion</td>
</tr>
<tr>
<td>Unclassified: By Law.</td>
<td>Expiration of Appointment</td>
<td>Detail to Special Duty</td>
</tr>
<tr>
<td>Cite Authority in Remarks</td>
<td></td>
<td>Expiration of Detail to Special Duty</td>
</tr>
<tr>
<td></td>
<td>Retirement</td>
<td>Probationary Period Adjustment</td>
</tr>
<tr>
<td></td>
<td>Death</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEAVE: Specify Duration:</th>
<th>Military Leave Without Pay</th>
<th>Suspension Without Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1 - June 15, 2012</td>
<td>Military Leave Without Pay</td>
<td>Return From Suspension</td>
</tr>
<tr>
<td></td>
<td>Suspension With Pay (Letter</td>
<td>Other (Explain in Remarks Section)</td>
</tr>
<tr>
<td></td>
<td>Required)</td>
<td></td>
</tr>
</tbody>
</table>

**CURRENT**

<table>
<thead>
<tr>
<th>Deputy Warden, 8345</th>
<th>HCM JOB CODE &amp; TITLE</th>
<th>Same</th>
</tr>
</thead>
<tbody>
<tr>
<td>JBCC 1311100 141</td>
<td>UNIT / DEPT ID / CLAIM GROUP</td>
<td>Same</td>
</tr>
<tr>
<td>$4927.04 per month</td>
<td>PAY BAND / SALARY</td>
<td>Same</td>
</tr>
<tr>
<td>1310XXXX 21JB</td>
<td>PIN NUMBER / WLOC CODE</td>
<td>Same</td>
</tr>
</tbody>
</table>

**PROPOSED**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

**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: ______________
Division Chief or Department/Title

Signed: ___________________________ Date: ______________
Director of Administration
FAMILY LEAVE WITHOUT PAY
State of Oklahoma
Office of Human Capital Management
REQUEST FOR PERSONNEL ACTION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>Current Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>131</td>
<td>5-1-12</td>
</tr>
</tbody>
</table>

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

DOE, John B.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>123456</td>
<td>5-1-12</td>
</tr>
</tbody>
</table>

APPOINTMENTS:

- Initial Probationary
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

SEPARATIONS:

- Resignation
- Discharge
  - Probationary
  - Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

CHANGES:

- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

Date of Last Service Review:

5-1-12 through 7-23-12

LEAVE:

- Sick Leave Without Pay
- Leave Without Pay
- Return From Leave
- Military Leave With Pay
- Military Leave Without Pay
- Suspension Without Pay
- Return From Suspension
- Other (Explain in Remarks Section)

CURRENT

<table>
<thead>
<tr>
<th>JOB CODE &amp; TITLE</th>
<th>Same</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctional Security Officer IV, I10D</td>
<td>HCM</td>
</tr>
<tr>
<td>JBCC</td>
<td>1311100 141</td>
</tr>
</tbody>
</table>

PROPOSED

<table>
<thead>
<tr>
<th>UNIT / DEPT ID / CLAIM GROUP</th>
<th>Same</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band I, $3010.25</td>
<td>1310XXXX 21JB</td>
</tr>
</tbody>
</table>

IS THIS A SUPERVISORY POSITION?

Check One: [ ] YES  [X] NO

REMARKS:

Family leave without pay (12 weeks) in accordance with Merit Rule 260:25-15-45.
RDO: Saturday & Sunday

Signed: ___________________________________________ Date: ________________
Appointing Authority/Title

Signed: ___________________________________________ Date: ________________
Division Chief or Department/Title
**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.**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>123456</td>
<td>5-1-12</td>
</tr>
</tbody>
</table>

**APPOINTMENTS:**
- Initial Probationary
- State E-List Number: __________
- Transfer Interagency: __________
- Reinstatement: __________
  - Probationary *
  - Permanent
- Unclassified: By Law, Cite Authority in Remarks
- Temporary
- Direct Hire Authority

* OP-110235, Attachment F, required (attach signed copy)

**SEPARATIONS:**
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

**CHANGES:**
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

**LEAVE:** Specify Duration: 5-1-12 through 7-23-12
- Sick Leave Without Pay
- Leave Without Pay
- Return From Leave
- Military Leave Without Pay
- Military Leave With Pay
- Suspension Without Pay
- Return From Suspension
- Other (Explain in Remarks Section)

**CURRENT**  
**HCM JOB CODE & TITLE**  
**Same**

**PROPOSED**

**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:  
- **YES**
- **NO**

**REMARKS:**
Military Family Leave Without Pay (12 weeks) due to qualifying exigency.
RDO: Saturday & Sunday

Signed: ____________________________ Date: ________________
Appointing Authority/Title

Signed: ____________________________ Date: ________________
Division Chief or Department/Title

**Date:** ________________
Director of Administration
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 260:25-11-120(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 Human Resources unit.

• 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 260:25-11-120.” Include regular days off.

ATTACHMENTS: A copy of the written notification to the employee from the appointing authority.
SUSPENSION WITH PAY
State of Oklahoma
Office of Human Capital Management
REQUEST FOR PERSONNEL ACTION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Department of Corrections</th>
<th>Agency Number</th>
<th>Current Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>131</td>
<td>5-1-12</td>
</tr>
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</table>

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

DOE, John B.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Employee ID</th>
<th>Effective Date of Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>123456</td>
<td>5-1-12</td>
</tr>
</tbody>
</table>

APPOINTMENTS:
- Initial Probationary
- Transfer Interagency:
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law.
- Cite Authority in Remarks
- Temporary
- Direct Hire Authority

SEPARATIONS:
- Resignation
- Discharge
  - Probationary
- Reduction in Force (Letter Required)
- Transfer Interagency
- Expiration of Appointment
- Retirement
- Death

CHANGES:
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

Date of Last Service Review:

LEAVE: Specify Duration: 5-1-12 through 5-14-12

- 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)

CURRENT
- Correctional Security Officer IV, I10D
- HCM 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

PROPOSED
- Correctional Security Officer IV, I10D
- HCM 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 SUPERVISING POSITION?
- Check One: YES  NO

REMARKS:
Employee is suspended with pay for 10 working days for investigatory purposes, per Merit Rule 260:25-11-120.
RDO: Saturday & Sunday

Signed: ____________________________ Date: ___________
Appointing Authority/Title

Signed: ____________________________ Date: ___________
Division Chief or Department/Title

Signed: ____________________________ Date: ___________
Director of Administration
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(B)]

- 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”
SUSPENSION WITHOUT PAY
State of Oklahoma
Office of Human Capital 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
Employee ID 123456
Effective Date of Transaction 5-7-12

APPOINTMENTS:
- Initial Probationary
- Transfer Intergency
- Reinstatement:
  - Probationary *
  - Permanent
- Unclassified: By Law
- Temporary
- Direct Hire Authority

SEPARATIONS:
- Resignation
- Discharge
- Probationary
- Reduction in Force (Letter Required)
- Transfer Intergency
- Expiration of Appointment
- Retirement
- Death

CHANGES:
- Transfer Within Agency
- Name Change
- Promotion: Trial Period Required
  - Y
  - N
- Voluntary Demotion (Letter Required)
- Demotion
- Detail to Special Duty
- Expiration of Detail to Special Duty
- Probationary Period Adjustment
- Other

* OP-110235, Attachment F, required (attach signed copy)

Date of Last Service Review: 5-7-12 through 5-11-12

LEAVE:
- 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 (LETTER REQUIRED)
- Return From Suspension
- Other (Explain in Remarks Section)

CURRENT
Correctional Security Officer IV, I10D
JBCC 1311100 141
Band I, $3010.25
1310XXXX 21JB

PROPOSED
HCM JOB CODE & TITLE
Same

UNIT / DEPT ID / CLAIM GROUP
Same

PAY BAND / SALARY
Same

PIN NUMBER / WLOC CODE
Same

IS THIS A SUPERVISORY POSITION?
Check One: 

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: ________________
Division Chief or Department/Title

Signed: ________________________________    Date: ________________
Director of Administration
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