



**OKLAHOMA**  
Office of Management  
& Enterprise Services

**HCM-14**  
Request for Personnel Action

**Agency Name and Number:**

**Date:**

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

Employee ID:	Effective Date:	
<b>APPOINTMENTS:</b> <input type="checkbox"/> Initial Probationary <input type="checkbox"/> State Certificate No: <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Reinstatement <input type="checkbox"/> Probationary <input type="checkbox"/> Permanent <input type="checkbox"/> Unclassified: By Law (Cite Authority in Remarks) <input type="checkbox"/> Temporary <input type="checkbox"/> Other (Explain in Remarks)	<b>SEPARATIONS:</b> <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	<b>CHANGES:</b> <input type="checkbox"/> Performance Pay <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Probationary Appointment Extension (Letter Required)
<input type="checkbox"/> Application Attached	<input type="checkbox"/> Application on File at HCM	Date of Last Service Review:
<b>LEAVE: Specify Duration:</b> <input type="checkbox"/> Sick Leave W/out Pay <input type="checkbox"/> Leave W/out Pay <input type="checkbox"/> Return From Leave		
<input type="checkbox"/> Educational Leave With Pay <input type="checkbox"/> Educational Leave W/out Pay <input type="checkbox"/> Suspension With Pay (Letter Required)		
<input type="checkbox"/> Suspension W/out Pay <input type="checkbox"/> Return from Suspension <input type="checkbox"/> Other (Letter Required)		
<b>Current</b>		<b>Proposed</b>
	<b>HCM Title &amp; Code</b>	
	<b>Department/Division</b>	
	<b>Grade, Salary</b>	
	<b>Position Identification Number</b>	

**Remarks:**

Employed by this Agency From:	To:
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Agency Official

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Appointing Authority/Title