

**OFFICE OF JUVENILE JUSTICE
REQUEST FOR EMPLOYEE ACTION**

NAME:		PERSONNEL NUMBER:	DATE:
DOB:	TIME ADMIN CODE:	ETHNIC ORIGIN:	GENDER:
REQUIREMENTS <input type="checkbox"/> Drug Testing Requirements Met <input type="checkbox"/> No Drug Test Required			

PLANNED WORK SCHEDULE <input type="checkbox"/> 8 HR/5 Day <input type="checkbox"/> 24 HR/7 Day <input type="checkbox"/> 12.33 Shift <input type="checkbox"/> 10 HR/4 Day		EMPLOYEE SUBGROUP <input type="checkbox"/> Classified <input type="checkbox"/> UnClassified EMPLOYEE GROUP <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time %
FROM: PRESENT POSITION		TO: POSITION TO BE FILLED
	JOB TITLE	
	POSITION # / PAY LEVEL	
	SALARY	
	COST CENTER NAME	
ATTACHMENTS <input type="checkbox"/> Application <input type="checkbox"/> Transcript (if applicable) <input type="checkbox"/> Applicant Recapitulation Report		
VERIFICATIONS <input type="checkbox"/> License/Certification verified by:		
NCIC BACKGROUND/REFERENCES CHECKED: <input type="checkbox"/> YES <input type="checkbox"/> NO BY:		
Submitted to Central Office by: DYS REGIONAL MANAGER OR SECURE CARE H R ANALYST:		I authorized this action to be taken: APPOINTING AUTHORITY (REQUIRED):
SIGNATURE:		SIGNATURE:
DATE:		DATE:

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ACTION REQUESTED

- | | | |
|---|---|--|
| <input type="checkbox"/> Probational Appointment
<input type="checkbox"/> Non-Competitive Reemployment
<input type="checkbox"/> N/C Preferred Reemployment
<input type="checkbox"/> Department

<input type="checkbox"/> Restricted Appointment
<input type="checkbox"/> <i>Justification Attached</i>
<input type="checkbox"/> End Restricted Appointment
<input type="checkbox"/> Job Appointment
<input type="checkbox"/> <i>Justification Attached</i>
<input type="checkbox"/> End Job Appointment | <input type="checkbox"/> Transfer In
<input type="checkbox"/> Transfer Out
<input type="checkbox"/> Promotion
<input type="checkbox"/> Voluntary Demotion
<input type="checkbox"/> <i>Letter Attached</i>
<input type="checkbox"/> Detail to Special Duty
<input type="checkbox"/> <i>Justification Attached</i>
<input type="checkbox"/> End Detail to Special Duty
<input type="checkbox"/> Position Change
<input type="checkbox"/> Shift Assignment/Section/Unit Change | <input type="checkbox"/> Reallocation
<input type="checkbox"/> Reallocation Training Series
<input type="checkbox"/> Resignation
<input type="checkbox"/> <i>Exit Interview Completed</i>
<input type="checkbox"/> Retirement
<input type="checkbox"/> Removal
<input type="checkbox"/> Suspension
<input type="checkbox"/> Dismissal |
|---|---|--|

OTHER:
CERTIFICATE/ANNOUNCEMENT #

EFFECTIVE DATE:

LENGTH OF APPOINTMENT (if temporary):

ORGANIZATIONAL ASSIGNMENT