

Department of Transformation and Shared Services Office of Personnel Management Change in Employment Status

Business Area	Agency Name		Effective Date	(MM/DD/YYYY)
PA 40 Termina	tion Retireme	LWOP		
Personnel Area	Personnel Number	Employee Name (Last, First, Middle Initial)		

## Create Actions (IT 0000)

Reason for Action	Reason Description	Employment Subgroup (for Retirement)

## Monitoring of Dates (IT 0019) Required for Termination and Retirement

Reminder Date	
Reminder Date	

## Objects on Loan (IT 0040)

A list of objects is included with this form. (On the list, indicate each item returned and to be delimited.)

Employee Signature	Date	MM/DD/YYYY	Telephone Number

## AUTHORIZATION:

	Approving Authority Signature	Date	MM/DD/YYYY
Approved Disapproved			
	Approving Authority Signature	Date	MM/DD/YYYY
Approved Disapproved			