



**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 Termination Retirement 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

Last Day of Pay Reminder Date

Return from LWOP 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:

Approved Disapproved Approving Authority Signature Date MM/DD/YYYY

Approved Disapproved Approving Authority Signature Date MM/DD/YYYY

Approved Disapproved