

**GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST**

DATE

SOP 104.07
Attachment 1
9/3/20

EFFECTIVE DATE OF ACTION

LOCATION
INITIATOR

PHONE
E-MAIL

@gdc.ga.gov

EMPLOYEE INFORMATION										SUPPORTING PAPERS										COMMENTS									
Name										Correspondence (Resignation or Adverse Actions) Suspension Notice PIF/PMF Min. Qual. Review Decision DOL 800 Separation Notice Other (Specify): Is rehire recommended? *If No, then attach supporting documentation Terminal Leave Hours To Be Paid: 0 *Please attach verification Last Day in Pay Status: Does action impact a high security supplement? --																			
Empl ID																													
SSN																													
Gender		Race		DOB																									
Maildrop ID																													
		ACTION		REASON		& DESCRIPTION																							
1																													
2																													
3																													
CPA USE ONLY																													
FLSA Code						DTI Code																							
TO										FROM																			
Position Number						Classified Indicator				Position Number						Classified Indicator													
Job Code						Job Title				Job Code						Job Title													
Department ID						Facility Name				Department ID						Facility Name													
County Code/Name						Zip Code				County Code/Name						Zip Code													
Pay Grade						Monthly Salary				Pay Grade						Monthly Salary													
						% Change										% Change													
WORK SCHEDULE (DAYS & SHIFT)															BUDGET APPROVAL BY														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	--	---	Name						Date						
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	---													
COMPLETED BY															APPOINTING AUTHORITY														
Name										Date				Name										Date					