



WEST VIRGINIA MILITARY AUTHORITY EMPLOYEE PERSONNEL ACTION REQUEST

TYPE OF ACTION:	UNIT / DEPARTMENT:	LOCATION:	PROPOSED EFFECTIVE DATE:
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NAME and ADDRESS: CONTACT NUMBER: EMAIL ADDRESS:	POSITION TITLE PREVIOUS

PAY:		GRADE		CODE		NEW		
PREVIOUS	NEW	PREV	NEW	PREV	NEW			

FUNDING SOURCE:	100% Fed	75 Fed/25 St	50 Fed/50 St	25 Fed/75 St	100% State	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NEW HIRE:	OTHER:
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KRONOS SUPERVISOR: KRONOS TIMEKEEPER: PROGRAM CODE:	YEARS OF STATE SERVICE: TIME IN CURRENT POSITION: LAST DISCIPLINARY ACTION:
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IF PREVIOUS DISCIPLINE, EXPLAIN:
DATE:

REMARKS:

COORDINATION

REQUESTED BY:	DATE:	PROGRAM MANAGER: (If applicable)	DATE:
		<i>APPROVED / DISAPPROVED</i>	

2ND LINE SUPV: (If applicable)	DATE:	DIRECTOR, MILITARY AUTHORITY	DATE:
<i>APPROVED / DISAPPROVED</i>		<i>APPROVED / DISAPPROVED</i>	

<u>FOR HR USE ONLY</u>	
UNIT:	POSITION #:
WORK/PAY LOCATION:	PROCESSOR:
ESMT:	DATE COMPLETE: