

FINAL REPORT OF ACTIONS TAKEN

This report details FINAL actions implemented as the result of (check only one):

LAYOFF

BUSINESS REORGANIZATION

Department/ Agency Name:

Personnel Area #:

Personnel Area Name:

Effective Date:

EMPLOYEE INFORMATION

Name:

Address:

City: State: Zip Code:

Phone #: Service: Yrs Mos Days

SSN: Status: Permanent Non-Permanent

Career Field Expanded: Yes No If Yes, New Career Field:

Last PPR Rating (In accordance with CS Rule 17.5b)

ACTION INFORMATION

Position Held PRIOR to Action

Position #: Domicile:

Job Code: Job Title:

Action: Laid Off Relocated Demoted
 Reallocated Lateraled Red Circled

Position Held AFTER Action (if applicable)

Position #:

Job Code: Job Title:

EMPLOYEE INFORMATION

Name:

Address:

City: State: Zip Code:

Phone #: Service: Yrs Mos Days

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FOR CIVIL SERVICE USE ONLY

DSCS Staff Initials:

Date: