



**Department of Shared Administrative 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