



AGENCY INFORMATION:

Department: _____

Division/Bureau: _____

Unit/Section: _____

EMPLOYEE INFORMATION- Complete for the Transitioning Employee —**one employee per form**

Name (Last, First, MI) _____ Last 4 SSN _____

Current Classification _____ Current Annual Salary_ _____

TYPE OF TRANSITION REQUESTED:

Limited Duty

Retirement/Resignation

Does the Appointing Authority have a vacant position available for the transitioning employee at a lower or lateral classification?

Yes No If yes, please provide the Position Number: _____ for the vacant position.

For retirement/resignations only: Does the Appointing Authority intend to temporarily update the vacant position to the employee's classification?

Yes No

Will this transition last longer than 30 days but less than 6 months?

Yes No

SUPPORTING DOCUMENTATION REQUIRED *(additional items may be requested by the Division of Personnel)*

Refer to the appropriate checklist for the request being made and check off the corresponding box.

Limited Duty:

State of West Virginia physician's/practitioner's statement (DOP-L3 or DOP-L5) or workers' compensation form indicating availability of Return to Work for limited duty

Current application for employee



Retirement/Resignation:

Letter of Understanding signed by Retiring/Resignation employee

Posting for the current position of the retiring/resigning employee *(an appointment must be made prior to duties being assigned)*

Current application for retiring/resigning employee, if moving to a lower classification

DEPARTMENT/AGENCY APPROVALS

_____ Date _____

Appointing Authority Signature

_____ Date _____

Director of Personnel Signature