west virginia
DIVISION OF PERSONNEL

TEMPORARY TRANSITION REQUEST

(DOP-P26)

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

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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