



Oregon Department of Human Services
Office of Human Resources

All positions at DHS require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.

* Information required to process action for new hire

Personnel Action Request

Employee legal name (As shown on Social Security card)	SSN*	OR number	Work phone (ext)	Supervisor*	Effective date*
Carolyn Lawson				Tina Edlund	12-31-2013
Employee mailing address*	Employee home phone	D.O.B.*	Gender*	Ethnicity*	Disabled

FROM:	TO:
Report distribution code (RDC)	
Classification number	
Monthly salary	
Position number	<input type="checkbox"/> Double fill
Labor cost code (PCA/index)	
Payroll distribution code (PDC)	

Appointment type	Appointment method	Pay basis	Approved leaves without pay
<input type="checkbox"/> Permanent <input type="checkbox"/> Limited duration <input type="checkbox"/> Temporary	<input type="checkbox"/> E-recruit <input type="checkbox"/> Internal posting <input type="checkbox"/> Direct appt.	<input type="checkbox"/> Hourly <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Percentage _____ % <input type="checkbox"/> Job share Percentage _____ %	<input type="checkbox"/> Begin <input type="checkbox"/> End Type of leave: _____ (example: medical, military, etc.)

New hires/reemployments Cert:	Differentials	Position actions
<input type="checkbox"/> New to state service <input type="checkbox"/> Transfer In from other state agency <input type="checkbox"/> Return from layoff <input type="checkbox"/> Re-employment - previous state employ. <input type="checkbox"/> Other:	Type of diff: <input type="checkbox"/> WOC** <input type="checkbox"/> Begin <input type="checkbox"/> LWD** <input checked="" type="checkbox"/> End <input type="checkbox"/> BIL <input type="checkbox"/> Continued <input type="checkbox"/> TLD** <input type="checkbox"/> Extended <input type="checkbox"/> Other **Requires approval from Classification Unit to begin or extend.	<input type="checkbox"/> Transfer Filled Position <input type="checkbox"/> Transfer Vacant Position <input type="checkbox"/> Change LCC <input type="checkbox"/> Change PDC <input type="checkbox"/> Other:

Movement within DHS Cert:	Voluntary separations	Other actions
<input type="checkbox"/> Promotion <input type="checkbox"/> Lateral transfer <input type="checkbox"/> Voluntary demotion <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Resignation from state service <input type="checkbox"/> Retirement <input type="checkbox"/> Transfer out to other state agency <input type="checkbox"/> End of temporary assignment	<input type="checkbox"/> Address/Home Phone Change <input type="checkbox"/> Name Change Copy of Social Security card required for all name changes

Other information as required to process this request:

anager/supervisor signature:

Date:

pointing authority signature:

Date:

Cheryl A. Miller

12-26-2013

Date stamp first received:

Date stamp completed packet:

processed 12/26/13

MILLER Cheryl A

From: Carolyn Lawson <[REDACTED]>
Sent: Thursday, December 19, 2013 10:59 AM
To: cheryl.a.miller@state.or.us
Subject: Re: Resignation (trying again)

To all concerned

Please accept this email as my letter as my resignation from OHA. As many of you know, I have recently experienced a family loss which has caused me to reevaluate many things in my life including continuing to commute to Oregon while my family is in California.

I want to thank both agencies, and in particular Dr. Bruce Goldberg and Erinn Kelly-Siel for one of the most rewarding work experiences of my career. This is a highly personal choice. My hope is that my resignation does not negatively impact either agency.

All the best for the future,

Carolyn Lawson