



**PERSONNEL ACTION FORM
GOVERNMENT OF THE REPUBLIC OF PALAU**

ROP-PERS-002

1. Name: (Last, First, Middle)	2. Birth Date:	3. Service Computation Date:	4. Employment Status:
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5. Type of Action:	6. Authority:	7. Requested Effective Date: _____
		8. Effective Date: _____

9. From Code #	To Code #
Title Grade Level and Step Biweekly Official Base Salary Department Ministry Duty Station	

10. Requested By:	11. Social Security Number:
1. Requesting Official: _____ Date: _____	12. Account Number: Non-Lapsing <input type="checkbox"/>
2. Bureau Head: _____ Date: _____	Lapsing <input type="checkbox"/>
3. Appropriate Management Official _____ Date: _____	13. Certification of Availability & Type of Funds: Director, Bureau of Budget & Planning _____ Date: _____

14. Remarks: _____

15. Approved By:

1. Director, Bureau of Public Service System _____	Date: _____
2. Minister of Administration _____	Date: _____
3. President, Republic of Palau _____	Date: _____

(As Appropriate)

16. Resignation (To be completed by employee)

I resign for the following reason(s): _____

The effective date of my resignation will be: _____

Signature

17. DISTRIBUTION: Original - Personnel Office; 2nd Copy - Payroll Section; 3rd Copy - Employee; 4th Copy - Department