Form **5424**

Missouri Department of Revenue

Personnel Transaction Change (PTC) - Other Personnel Actions

Current Information

Employee Name (Last, First, MI)	Social Security Number (Last Four Digits)	Effective Date (MM/DD/YYYY)
	X X X X X	__ __ / __ __ / __ __ __ __

Division	Bureau	Organization Code and Description

Position Title and Salary Range	Pay Step	Salary	Position Number

Personnel Action

☐ Leave Without Pay
- Complete when leave without pay is for a full pay period or longer.
- If returning from leave without pay, leave dates at right blank.

First day of leave __ __ / __ __ / __ __ __ __

Last day of leave __ __ / __ __ / __ __ __ __

Expected return date __ __ / __ __ / __ __ __ __

Reason:

☐ Position or Salary Change
- Demotion or Salary Decrease - Request Notice of Demotion or Salary Decrease from Personnel.
- Transfer - Forward Exit and Transfer Checklist and Special Appraisal to Personnel.

Reason for change:

☐ Probation Completion or Extension
- Regular employment status and any applicable salary increase are effective the day after probation ends.
- Forward Probationary Appraisal to Personnel upon completion.
- Forward copy of extension letter to Personnel, if applicable.

Note - An employee must be notified, in writing, of an extension of his or her probationary period, prior to the end of probation and the employee becoming regular status.

Reason: Length of extension: ____ days.

☐ Separation of Employment
- Forward resignation or copy of signed dismissal letter to Personnel.
- E-mail Exit and Transfer Checklist to Personnel.
- Submit Special Appraisal to Personnel.

Note - An employee must be notified, in writing, of termination due to an unsuccessful probationary period, prior to the end of probation and the employee becoming regular status.

Reason for separation:

If transferring, to which agency:

If resignation, was two weeks notice given? ☐ Yes ☐ No

Division and Bureau (Only indicate changes)

Division	Bureau	Organization Code and Description

Work Location	Work Phone	Room Number	Office Box Number
	ext.		

Proxy Access

☐ N/A ☐ 216 ☐ 217 ☐ 218 ☐ 225F ☐ 225R ☐ 320 ☐ 330 ☐ 340 ☐ 360 ☐ 370 ☐ 380 ☐ 380 FTI ☐ 470 DIV ☐ 470 DL ☐ Dock

Other: _____

After Hours Access
- ☐ 24/7
- ☐ 6 a.m - 7:30 p.m.
- ☐ None

Position and Salary Information

Position Title and Salary Range	Pay Step	Salary	Position Number	Supervisor
				☐ Yes ☐ No

Employment Type	Evaluation Period	Person Being Replaced

Rater - Direct Supervisor (LeaveTrack)	Reviewer - Rater's Supervisor	CPA (Field Compliance)	CAS (Field Compliance)
		☐ Yes ☐ No	☐ Yes ☐ No

Comments and Attachments

Prepared By	__ __ / __ __ / __ __ __ __ Date (MM/DD/YYYY)
Administrator's Approval	__ __ / __ __ / __ __ __ __ Date (MM/DD/YYYY)
Division Director's Approval	__ __ / __ __ / __ __ __ __ Date (MM/DD/YYYY)

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