

NORTH CAROLINA DEPARTMENT OF COMMERCE



PERSONNEL ACTION REQUEST

Date: _____

Division/Commission: _____

Action Requested: _____

Effective Date: _____

Employee Name: _____ SSN: _____

Position Number: _____

Location: _____

Justification:

APPROVAL: _____
Division Director Date

Personnel Representative / Phone # Date

APPROVED BY DOC PERSONNEL _____

Approval made by DOC Personnel is contingent upon approval by the Office of State Personnel