



ROP-PERS-002

1. Name (Last, First, Middle Initial):	2. Birth Date:	3. Service Computation Date:	4. Employment Status:
5. Type of Action:	6. Authority:	7. Request Effective Date:	
		8. Effective Date:	
9. From Code #		To Code #	
	Title Pay Grade/Step & BW Salary Department Ministry Duty Station		
10. Requested by:		11. Employee Number / Social Security Number (NEW HIRE ONLY):	
_____ 1. Requesting Official	_____ Date	12. Account Number: Non-Lapsing <input type="checkbox"/> Lapsing <input type="checkbox"/>	
_____ 2. Bureau Head	_____ Date	13. Certification of Availability & Type of Funds: _____ <i>Casmir Remengesau</i> _____ Director, Bureau of Budget & Planning	
_____ 3. Appropriate Management Official	_____ Date	_____ Date	
14. Remarks:			
15. Approved by:			
1. Director, Bureau of Public Service System	_____ <i>Terralyn R. Nabeyama</i>	_____ Date	
2. Minister of Finance	_____ <i>Kaleb Udui, Jr.</i>	_____ Date	
3. President, Republic of Palau	_____ <i>Surangel S. Whipps, Jr.</i>	_____ Date	
16. Resignation (to be completed by employee):			
I resign for the following reason(s): _____			
The effective date of my resignation will be: _____			
			Signature