



STATE OF ARKANSAS
Department of Finance
and Administration

OFFICE OF PERSONNEL MANAGEMENT
Administrator's Office
 1509 West Seventh Street, Suite 201
 Post Office Box 3278
 Little Rock, Arkansas 72203-3278
 Phone: (501) 682-1753
 FAX: (501) 682-5104
 www.dfa.arkansas.gov

MEMORANDUM

TO: Governor's Office

FROM:

DATE:

SUBJECT: Retirement Letter Request

Official request for a retirement letter from Governor Asa Hutchinson:

- Employee's Name:
- Employee's Preferred Name:
- Employee's Official Title:

Complete the following information; additional pages may be provided:

- Employee's home address:
- Employee's current employment history and all other state government employment history:

- Employee's Dates of Service:
- Date of retirement:
- Noteworthy circumstances or accomplishments:

Select one: Letter for pick up
 by messenger mail
 by US Mail

Agency/Institution Contact Name/Title:

Contact telephone/address information per letter transmittal selection above:

Request MUST be submitted to the Governor's Office at least two weeks prior to the date of retirement.

 Agency/Institution Director/President/Chancellor/Designee Signature

 Date