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: Office of Personnel Management

FROM:

DATE:

SUBJECT: Years of Service Certificate

Official request for the following from the Office of Personnel Management:

- ◯ 10 Year Service Certificate
- ◯ 20 Year Service Certificate
- ◯ 30 Year Service Certificate
- ◯ 40 Year Service Certificate
- ◯ Retirement Certificate

- Employee's Name:
- Employee's Preferred Name:
- Employee's Official Title:
- Employee's Dates of Service/Retirement Date for Above:

Select one: Certificate
- ◉ for pick up
- ◯ by messenger mail
- ◯ by US Mail

Agency/Institution Contact Name/Title:

Contact telephone/address information per certificate transmittal selection above:

Request MUST be submitted to the Office of Personnel Management at least two weeks prior to the date needed.

_____ _____
Agency/Institution Director/President/Chancellor/Designee Signature Date