

Office of Personnel Management

TO:

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

FROM:		
DATE:		
SUBJECT: Years of Service Certific	icate	
Official request for the following from the	e 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: Franklyses's Professed Name:		
Employee's Preferred Name: Employee's Official Title:		
Employee's Official Title:Employee's Dates of Service/Re	etirement Date for Above:	
■ Limployee's Dates of Service/10	ethement Date for Above.	
Select one: Certificate	for pick up	
	by messenger mail	
	by US Mail	
Agency/Institution Contact Name/Title:		
	per certificate transmittal selection above:	
Request MUST be submitted to the Off	fice of Personnel Management at least two weeks prior to the date needs	ed.
Agency/Institution Director/President/Cl	hancellor/Designee Signature Date	