

Arizona State Personnel System
DISQUALIFICATION FROM STATE EMPLOYMENT REQUEST FORM

Requesting Agency

Primary Contact

Phone Number

Email

Name of Applicant/Former Employee

Applicant

Former Employee

Date of Incident/Separation

EIN (if former employee)

Reason for Request:

Act of Physical Violence and/or Serious Threat of Bodily Harm

Theft or Misappropriation of State Property

Commission of a Felony in the Course of State Employment

Act of Abuse or Neglect of a Client, Inmate, or Other Vulnerable Person

Committing Deception or Fraud in a Hiring Process

Other (Please Specify):

Please provide a brief description of the incident that is resulting in this request:

Agency Head or Authorized Designee

Date

Please submit this form electronically to:
Arizona Department of Administration
Human Resources Division
Email: HumanResources@azdoa.gov

SPS Employment Manager

Date

No Action / Return to Agency

Disqualified