



HISTORY CORRECTION REQUEST FORM

Date Submitted to HRIS:

Agency:

REQUESTOR INFORMATION

Name:

HRIS Power User ID:

Email Address:

Phone Number:

HISTORY CORRECTION INFORMATION

Employee Name on Action:

EIN for Employee:

Effective Date Of Action:

Name Of Action (i.e. Status change, job change):

Requested Changes in HRIS:

Reason (i.e. input error, payout needed)

DOCUMENTATION REQUIRED (please include in the email)

Administrative Adjustment: SF301

Mandated Personnel Board: Letter from Personnel Board and settlement agreement

Reversal of Permanent Status: Letter of extension of probation documentation

Other (please enter here):

*** If this is a probation extension request, please check how this was communicated to EE:

Letter:

Date:

Verbal:

Date:

Email:

Date:

Please email completed form to the HRIS HELP DESK at hrihelpdesk@azdoa.gov

If you have questions, please call us at 602.542.4700