



**STATE OF ALASKA**  
Office of the Governor  
**REQUEST FOR PERSONNEL ACTION**

1. EE Legal Name (Last, First, M) <b>Huber, Brett W</b>	Emm # <b>AS 39.25.080</b>	Division <b>Executive</b>	Status <b>FT EX</b>	Email <b>Y</b>	Effective Date <b>07/06/2021</b>
2. Email: <input checked="" type="checkbox"/> Appointment <input type="checkbox"/> Resignation <input type="checkbox"/> Transfer Out <input type="checkbox"/> Separation <input type="checkbox"/> Transfer <input type="checkbox"/> Pay Increase <input type="checkbox"/> Promotion <input type="checkbox"/> Other					
3. From:		Position Title  Position Control Number  Home Unit  Range/Step/Salary Schedule  Pay Rate  Pay Location/Description  Title / Work LOC  Labor Distribution Profile	4. To: <b>Senior Policy Advisor</b>  <b>01034X</b>  <b>Z102</b>  <b>27/N00</b>  <b>\$5384.75 Biweekly</b>  <b>EBA/Anchorage</b>  <b>X2270/G00A</b>  <b>ANCEX</b>		
5. New Employee:  I acknowledge that I am being appointed to an exempt/partially exempt position and understand the following: 1) I am not subject to bargaining unit (union) representation. 2) The majority of the provisions of the State Personnel Act and the Personnel Rules in the Alaska Administrative Code generally do not apply to my employment. 3) As an exempt/partially exempt employee of this department I will not achieve "permanent" status as defined for the classified service.  <div style="display: flex; justify-content: space-between;"><div>Signature <u><i>[Signature]</i></u></div><div>Date <u>7/13/21</u></div></div>					
6. Terminating Employee:  Forward communications including salary checks to the following address: Street _____ City _____ State _____ Zip Code _____ I acknowledge receipt of information on my rights under the Federal COBRA Act.  <div style="display: flex; justify-content: space-between;"><div>Signature _____</div><div>Date _____</div></div>					
7. Remarks:  FLSA _____ APOC Notification _____					
8. I Certify that all State property of every description has been accounted for and that except as otherwise indicated, to the best of my knowledge, no amount is due to the State from the employee named herein incident to his/her employment. <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Keys/ Key Card      <input type="checkbox"/> Cell Phone <input type="checkbox"/> Notary Seal/Certificate      <input type="checkbox"/> Other: _____</div><div>Did Employee Have:      <input type="checkbox"/> Moving Advance    <input type="checkbox"/> Salary Advance</div></div>					
9. Supervisor's Signature <u><i>[Signature]</i></u>			Date <b>7-6-2021</b>		
10. Division Director/Department Signature <u><i>[Signature]</i></u>			Date <b>7-6-2021</b>		