

## wvOASIS Cover Sheet

ENTIRE OASIS DOC NUMBER:					
AGENCY CONTACT NAME:					
AGENCY CONTACT PHONE NUMBER:					
<b>TRSN/ATE (at will of employee)</b>		<b>TRSN/ATW (at will of agency)</b>			
<b>RESGN (RESIGNATION)</b>		<b>LAYOF (LAYOFF)</b>			
	EMP	OTHER EMP		WRP	LACK OF WORK
	LOA	LEAVE OF ABSENCE		FNP	LACK OF FUNDS
	PSL	PERSONAL	<b>DISMS (DISMISSAL)</b>		
	MOV	RELOCATION		DOR	OTHER
	SCH	SCHOOL		MCN	MISCONDUCT
	ROR	OTHER		GRO	GROSS MISCONDUCT
<b>RETRE (RETIREMENT)</b>			DPP	PERFORMANCE	
	LOA	LEAVE OF ABSENCE		DAB	ABSENTEEISM
	REG	REGULAR		LOA	NO RTN FRM LOA
	DIS	DISABILITY		DLR	LICENSE REVOKED
<b>DEATH</b>			ABD	JOB ABANDONMENT	
No PART Code					
Last Day of Work			Hours		Minutes
Last Day of Pay			Hours		Minutes
Sick Leave Paid		Hours		Minutes	
Sick Leave Balance		Hours		Minutes	
Annual Leave Paid		Hours		Minutes	
Annual Leave Balance		Hours		Minutes	
IS EMPLOYEE ACTIVELY ON LEAVE OF ABSENCE?					
If YES – Type of Leave -					
Are there leaves of absence that have not been processed?					
WORK SCHEDULE INCLUDING DAYS OFF (ATTACH TIMESHEET IF NECESSARY)					
I VERIFY THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS ACURATE TO THE BEST OF MY KNOWLEDGE					
Signature:			Date:		