

**PERSONNEL ACTION DECENTRALIZATION**  
**CERTIFICATION DOCUMENT**

I have read this document and understand the responsibilities and liabilities that our agency will be undertaking with the decentralized personnel action (PA) process. It is my understanding that we will now be responsible for the approval and processing of PAs, which must be consistent with the Civil Service Laws and Rules for the State of Ohio.

I understand that DAS will continue to be available for technical advice and training, but with this document, substantial responsibility and liabilities associated with the PA process will be transferred including the increased responsibility for documentation of PAs for employees' positions. This agency agrees to provide DAS, Division of Human Resources copies of PAs and accompanying attachments, understanding that DAS will continue to review PAs for tracking purposes and will conduct reviews as necessary.

In the case that this agency is found delinquent in processing PAs that are consistent with the Civil Service Laws and Rules for the State of Ohio, after appropriate notification and attempts to resolve problems, I understand that DAS reserves the right to revoke this certification. If this occurs, it may be necessary to return the approval and processing of PAs to DAS until the problems are remedied.

This document will be kept on file at both the DAS and agency level. It will be this agency's responsibility to notify DAS of any changes in our internal policy as well as signature changes by providing an updated certification document.

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
AGENCY APPOINTING AUTHORITY

\_\_\_\_\_  
AGENCY HUMAN RESOURCES ADMINISTRATOR

\_\_\_\_\_  
AGENCY FISCAL ADMINISTRATOR

\_\_\_\_\_  
AGENCY LEGAL COUNSEL

\_\_\_\_\_  
DAS REVIEWER

\_\_\_\_\_  
DATE

## **PERSONNEL ACTION DECENTRALIZATION** **CERTIFICATION CHECK LIST**

*Information in numbers 1, 2, and 3 must be submitted along with the request for PA Decentralization Certification to the DAS, State Services Section. This must be done before the initial on-site review is conducted. Items not indicated in bold will be reviewed at the on-site review. The items on this checklist must be completed before an agency receives certification to decentralize their PA process.*

### 1.       **AGENCY POLICY AND PROCEDURES**

Submit a written policy of internal procedures for the processing and approval of personnel actions. Our suggestion is that the policy covers the entire spectrum of PA processing within the agency so that it will be easily accessible to human resource administrators and employees. We suggest that policies include the following information:

- General agency summary of the process in narrative format or a flow chart from initiation point to final approval.
- Document tracking.
- Procedure for error correction.
- Information regarding maintenance of records.
- Identification of who is accountable to ensure that the policy is properly followed.
- Statement of intent indicating that the agency will continue to be in compliance with all elements of the Ohio Revised Code as well as directives set by the Governor's Office and the Department of Administrative Services regarding PA processing and approval.

### 2.       **SIGNATURE AUTHORITY**

A separate document should be submitted stating the name of the appointing authority and listing all employees that will have signature authority and listing all employees that will have signature authority for PAs. If not included on the document above, copies of signature documents should be attached.

### 3.       **COMPUTER ENTRY CODE AUTHORITY**

Information stating who will be responsible for entering and approving PA information on the computer. A request for expanded computer access memorandum should be submitted which should include employee names, titles, RACF sign on codes and what level of access will be necessary. We are required to submit this information to the Office of Payroll Systems so that agencies will have the proper computer entry access and authority.

\_\_\_\_\_4.      **COMPUTER CAPABILITY**

Agency has the appropriate computer hardware and accessibility. If an agency can currently make limited PA entries, that access can be expanded.

\_\_\_\_\_5.      **TRAINING**

All appropriate agency human resources staff will need to attend training before PA decentralization is approved.

\_\_\_\_\_6.      **ESSENTIAL DOCUMENTS**

In order to undertake the decentralization of this process, certain documents will need to be readily available to agency HR staff. The following is a list of such documents:

- PA processing manual.
- Most recent copy of the Ohio Revised Code and Ohio Civil Service
- Laws and Rules Annotated.
- Current bargaining unit contracts for your agency.
- Up-to-date classification specifications.
- Classification pay book.
- Proper information regarding attachments.

\_\_\_\_\_7.      **CERTIFICATION DOCUMENT**

The PA decentralization certification document located at the back of the PA decentralization manual will need to be signed by all those involved in the PA decentralization process.

## DECENTRALIZATION PERSONNEL ACTION PROCESS: COMPLIANCE REVIEW

Agency: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Agency Contact for Review: \_\_\_\_\_

DAS Review Team Members: \_\_\_\_\_

\_\_\_\_\_

Agency spokes person \_\_\_\_\_

& other representative's \_\_\_\_\_

**STATEMENT AND REASON FOR BEING HERE** (i.e., to review your Personnel Action process and to prepare a detailed Compliance Review Report).

### **THE REVIEW WILL CONSIST OF:**

- Reviewing your **agency policy** and comparing your personnel action practices with the current policy.
- Going through **the initial certification checklist**. Reviewing items such as signature authority for updates or revisions, staff training needs, essential documents being readily available to agency HR staff, any revisions, additions or deletions to your agency policy or procedures.
- A random **check of personnel actions** & a review of **advance step hire** file and **personnel action log**.

**Once the review is complete**, we will come back together to discuss the findings, resolve any matters if possible, and schedule any training needs or services you desire.

**As a Decentralized Agency, we want you to succeed.** We will make every effort to expedite our review. We may need to discuss Personnel Actions as they are reviewed should questions or issues arise.

**Are there any questions before we proceed? Okay, we will begin.**

## REVIEW OF INITIAL CERTIFICATION CHECK LIST

1. Agency **appointing authority** or **signature** and **code authority** has not changed, or has been updated since the initial on-site review. *If changes have occurred, note below what requires updating.*
2. Agencies **HR staff have been trained** by DAS on the preparation of PAs. *If staff has not been trained, list names of employees who need training.*

### 3. REVIEW OF AGENCY POLICIES AND PROCEDURES

Agency is following their written internal policy and procedures submitted for the approval and processing of PAs. *Note: If policy has been revised, a new copy of policy should be submitted.*

**In space below, please list information from the policy on file that has been:**

**REVISED**

**ADDED**

**DELETED**

4. Essential documents are readily available to agency HR staff. Circle those that are not available.

- PA processing manual
- Ohio Revised Code
- Ohio Civil Service laws and Rules Annotated
- Applicable bargaining unit contracts
- Classification specifications
- Classification pay book
- Information regarding attachments

### **RANDOM CHECK OF PERSONNEL ACTIONS**

*Examples of items that will be reviewed are:*

- Personnel Actions covering from the date of decentralization (\_\_\_\_\_) until the present or date **from the last annual review** (\_\_\_\_\_).
- Advance Step Appointments. Look for Agency/division request for advance step hire and the okay from the agency administrator. Documentation to support the advance step hire. (Support documentation can be in the individual file. Look for application, resume, transcripts, letters and/or position description.
- Appointments with pay of over \$20.00 an hour
- Specific rate changes, such as deputy directors, administrative staff, student/college interns, and those requiring specific licenses.

***There will be a thorough review of all areas including, but not limited to:***

- Rate of pay
- Background Checks
- Drug Tests
- Proper attachments
- Minimum qualifications
- EHOc file

**Note: The number of personnel actions to be reviewed will be determined by the size and activity level of an agency. Additional sheets may be necessary**

The following personnel actions were randomly selected and reviewed. *Copies of personnel actions and materials reviewed should be attached to this form.*

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_  
Eff. Date \_\_\_\_\_ PCN \_\_\_\_\_  
PA Code \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Class# \_\_\_\_\_ Class Title \_\_\_\_\_

Comments:

\_\_\_\_\_ **Satisfactory**      \_\_\_\_\_ **Unsatisfactory**

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_  
Eff. Date \_\_\_\_\_ PCN \_\_\_\_\_  
PA Code \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Class# \_\_\_\_\_ Class Title \_\_\_\_\_

Comments:

\_\_\_\_\_ **Satisfactory**      \_\_\_\_\_ **Unsatisfactory**

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_  
Eff. Date \_\_\_\_\_ PCN \_\_\_\_\_  
PA Code \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Class# \_\_\_\_\_ Class Title \_\_\_\_\_

Comments:

\_\_\_\_\_ **Satisfactory**      \_\_\_\_\_ **Unsatisfactory**





Agency Analyst will monitor the corrective action plan and after 30 days, Administrative Services will notify the agency of the results.

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If necessary, a DAS follow-up review will be scheduled for the week of \_\_\_\_\_

Signatures, DAS on-site review team members

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**Distribution:**

- Original- Agency Human Resource Administrator
- Copy- Agency Director
- DAS, State Services Section

By signing below all parties agree the PA Decentralization Compliance Review Final Report has been reviewed and is satisfactory to all parties.

AGENCY REPRESENTATIVES

DAS REPRESENTATIVES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE

DATE

**MEMORANDUM**

TO: Angela McDowell, Lead Analyst  
State Services Section  
DAS-DOHR, High Performance Workplace

FROM: \_\_\_\_\_  
(Name) (Title)  
\_\_\_\_\_  
(Agency)

DATE: \_\_\_\_\_

SUBJECT: Request For Certification For Agency Personnel Action Decentralization

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This memorandum serves as an official request for the Department of Administrative Services to grant certification to our agency for the process of approving and processing our own personnel actions. We have received the preliminary information for decentralization and at this time are submitting the following requested documents for the initial DAS review:

- **AGENCY POLICY AND PROCEDURES**  
Written policy for the processing and approval of personnel actions.
  
- **SIGNATURE AUTHORITY**  
A document stating whom the appointing authority is for the agency and all employees who have signature authority on personnel actions. Signature documents are included as well.
  
- **COMPUTER ENTRY CODE AUTHORITY**  
Information stating what staff will be responsible for entering and approving personnel action information on the computer.

Along with these documents, we are also confirming that the information on the Certification Check List for agency PA decentralization is complete and our agency is ready for DAS' initial on-site review.

Attachments

**MEMORANDUM**

TO: DAS, State Services Section

FROM: \_\_\_\_\_

(Name)

(Title)

\_\_\_\_\_  
(Agency)

\_\_\_\_\_  
(Security Officer)

DATE: \_\_\_\_\_

(Phone)

SUBJECT: **Request For Expanded Computer Access To Position Control  
Personnel Action Decentralization**

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**Entry and approval capabilities for the position control sub-system are necessary for our human resources office. This memorandum serves as an official request to grant the approval authority or revise access for the following employee (s) in our agency:**

**New**

**Revision**

**Deletion**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(RACF sign-on code, password is not necessary)

\_\_\_\_\_  
(RACF sign-on code)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(RACF sign-on code, password is not necessary)

\_\_\_\_\_  
(RACF sign-on code)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

**The access requested is to provide the ability to approve personnel actions, which are entered on the system. I understand that the State Services Section within the Division of Human Resources will verify our agency's certification before forwarding this to you to grant the expanded access or revise existing capabilities.**

\_\_\_\_\_  
**DAS, State Services Section**

\_\_\_\_\_  
**Date**

# State of Ohio

## Human Resources – 2000 (HR2K)

### User Security Access Request Form

**For Decentralized Agencies ONLY:**

Attachment F and F1 must be completed for anyone who will have expanded computer access. (approval access). Attachment F1 can be printed from the DAS website:

***DAS Human Resources Payroll Administration Payroll – Related Forms  
HR2K User Security Access Request Form***

Both forms need to be sent to: Angie McDowell DAS State Services 100 E Broad St 17<sup>th</sup> Fl Columbus Oh 43215-3414. (fax: 614-728-0312)

The forms will be signed by state services and forwarded to Jerry Miller.

**NOTE:** If state services has not signed attachment F, then expanded access will not be given.

## NURSING LICENSE VERIFICATION

DATE SUBMITTED \_\_\_\_\_

TO: DAS, STATE SERVICES

FAX: 728-0312

FROM: \_\_\_\_\_

AGENCY: \_\_\_\_\_

DEPT: \_\_\_\_\_

FAX: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

DISCIPLINE TAKEN? \_\_\_\_\_

VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_