

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
 - Committed deception or fraud in the hiring process
 - Other (please specify):

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

Signature of Agency Head or Authorized Designee Date

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

FOR ADOA HRD USE ONLY

ADDA HRD Deputy Director or Designee

Date

No Action/Return to Agency

Disqualified