



# West Virginia Department of Transportation Employment Transaction Form

**DOT.3.456****Issue Date: 12/22/2024****Revised: 05/20/2025 Page 1**WV Oasis #: \_\_\_\_\_ Emp.Name: \_\_\_\_\_  

\_\_\_\_\_ *Last Name*

\_\_\_\_\_ *First Name*

\_\_\_\_\_ *MI*

Emp. Date: \_\_\_\_\_ Amended Emp. Date: \_\_\_\_\_ Transaction Effective Date: \_\_\_\_\_

Transaction Type: \_\_\_\_\_ Transaction Code: \_\_\_\_\_ Posting # \_\_\_\_\_

Title Code: \_\_\_\_\_ P.G.: \_\_\_\_\_ P.S.: \_\_\_\_\_ | New Title Code: \_\_\_\_\_ New P.G.: \_\_\_\_\_ New P.S.: \_\_\_\_\_

Org. No.: \_\_\_\_\_ Class Title: \_\_\_\_\_ Hr. Sal. Rt.: \_\_\_\_\_ Ann. Sal Rt.: \_\_\_\_\_

New Org. No.: \_\_\_\_\_ New Class Title: \_\_\_\_\_ New Hr. Sal. Rt.: \_\_\_\_\_ New Ann. Sal Rt.: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Timekeeper: \_\_\_\_\_ Back up TK: \_\_\_\_\_

Address Change: ☐ Yes ☐ No (If yes fill in below with the **new address**.)

Physical Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone #: \_\_\_\_\_ Mailing the same as Physical? ☐ Yes ☐ No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Visa Status: \_\_\_\_\_ Veteran: ☐ Yes ☐ NoDid you have Orientation: ☐ Yes ☐ No Business Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Leave of Absence From: \_\_\_\_\_ Ext. of Absence from: \_\_\_\_\_

Return from Leave of Absence: \_\_\_\_\_ Separation: \_\_\_\_\_

LDW: \_\_\_\_\_ LDP: \_\_\_\_\_ AL. Bal. \_\_\_\_\_ SL. Bal. \_\_\_\_\_

**School Information**

School Name: \_\_\_\_\_ Level of Completion: \_\_\_\_\_

Major: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ GPA: \_\_\_\_\_

School Name: \_\_\_\_\_ Level of Completion: \_\_\_\_\_

Major: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ GPA: \_\_\_\_\_

**Drivers Licenses and other Certifications:**

Type Code	Number	Date Issued	Expires	State	Dept. Issued?

Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

District Manager / Division Director/ Agency Head: \_\_\_\_\_ Date: \_\_\_\_\_

HR Division: \_\_\_\_\_ Date: \_\_\_\_\_

DOT C or H Level: \_\_\_\_\_ Date: \_\_\_\_\_