

PURGE ARCHIVE REQUEST FORM
State Controller's Office
Personnel and Payroll Services Division
California Leave Accounting System (CLAS)

EMPLOYEE INFORMATION

Employee's Name (First, Middle, Last): _____

Year(s) Requested: _____

Current Department: _____

Reason for Request: _____

REQUESTOR INFORMATION

Requestor's Name: _____

Requesting Department Name: _____

Requestor's Address: _____

Requestor's Phone Number: _____

The approval of a Supervisor or Manager in Human Resources is needed to acknowledge and accept the minimum fee of \$100 associated with this Purge Archive Report. By digitally signing this Purge Archive Request Form, the Approver agrees to pay the fees associated with this process.

DEPARTMENTAL HUMAN RESOURCES APPROVAL

Approver's Name: _____

Approver's Department Name: _____

Approver's Job Title: _____

Date of Approval: _____

Signature of Approver: _____