State Controller's Office
300 Capitol Mall, 10th Floor
Sacramento, CA 95814
ATTN: CLAS Unit

RE: PRIOR DEPARTMENT REQUEST FOR PURGED CLAS HISTORY

The _____ requests purged CLAS history for
(PRIOR DEPARTMENT)

_____ for the year(s) _____ . The reason for
(EMPLOYEE NAME)

the request is due to _____

_____ .

The employee is currently employed at _____ ;
(CURRENT DEPARTMENT)

however, _____ is requesting the data. The
(PRIOR DEPARTMENT)

_____ acknowledges and accepts the fees for this report.
(DEPARTMENT NAME)

When completed, please send the report to _____
(PRIOR DEPARTMENT)

_____ , (_____) _____ , _____
(CONTACT PERSON) (WORK NUMBER) (EMAIL ADDRESS)

CURRENT DEPARTMENT:

_____
(SUPERVISOR/MANAGER SIGNATURE)

_____
(NAME/TITLE)

_____
(DEPARTMENT NAME)

PRIOR DEPARTMENT:

_____
(SUPERVISOR/MANAGER SIGNATURE)

_____
(NAME/TITLE)

_____
(DEPARTMENT NAME)