## STATE OF ARKANSAS Office of the Governor

## OFFICE OF CONSTITUENT SERVICES

500 Woodlane Street, Suite 122 Little Rock, Arkansas 72201 Phone: (501) 683-6428 sandra.hollowell@governor.arkansas.gov https://governor.arkansas.gov

## **MEMORANDUM**

TO:	Governor's Office	Э	
FROM:			
DATE:			
SUBJECT:	JBJECT: Retirement Letter Request		
• Emplo	oyee's Name:	etter from Governor Sarah Huckabee Sanders:	
	oyee's Preferred Na		
•	oyee's Official Title:		
Complete the	Tollowing information	on; additional pages may be provided:	
	oyee's home addres	ss: oyment history and all other state government e	employment history:
• Emplo	oyee's Dates of Ser	vice:	
<ul> <li>Date of</li> </ul>	of retirement:		
<ul> <li>Notew</li> </ul>	orthy circumstance	es or accomplishments:	
Select one:	Letter	for pick up by messenger mail by US Mail	
Agency/Institu	ition Contact Name	/Title:	
Contact teleph	none/address inform	nation per letter transmittal selection above:	
Request MUS	ST be submitted to t	he Governor's Office at least two weeks prior to	the date of retirement.
Agency/Institu	ition Director/Presid	dent/Chancellor/Designee Signature	 Date