

Kentucky Retirement Systems
 Perimeter Park West
 1260 Louisville Rd
 Frankfort KY 40601-6124
 Phone: (502) 696-8800
 Fax: (502) 696-8822
www.kyret.com

FORM 2020

Member's
 Soc. Sec. No.:

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Revised 10/05

ADVICE OF PERSONNEL ACTION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

Street / Route / PO Box

City

County

State

ZIP Code

Name Change

Address Change

NATURE OF PERSONNEL ACTION:

- | | | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> New Agency | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> New Employee | <input type="checkbox"/> FMLA Leave* |
| <input type="checkbox"/> Leave Without Pay | <input type="checkbox"/> Educational Leave | <input type="checkbox"/> Maternity Leave | <input type="checkbox"/> Approved Sick Leave Without Pay |
| <input type="checkbox"/> Military Leave | <input type="checkbox"/> Dismissal | <input type="checkbox"/> Death | <input type="checkbox"/> Date of Death: _____ |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Health Insurance Termination Date: _____ | | |
| <input type="checkbox"/> Change In Employer: From: _____ To: _____ | | | |
| <input type="checkbox"/> Change in Position Status: From: _____ To: _____ | | | |
| <input type="checkbox"/> Other (please specify) _____ | | | |

**Leave Provided For Under the Family Medical Leave Act (FMLA).*

Position Title	Position Status <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Emergency <input type="checkbox"/> Part-Time <input type="checkbox"/> Probation	Current Rate of Pay: (Monthly, Hourly, Daily)
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****IF A SCHOOLBOARD MEMBER IS TERMINATING OR RETIRING, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

ACTUAL DAYS WORKED FOR THE FISCAL YEAR THE MEMBER RETIRED/TERMINATED _____

HOURS WORKED PER DAY _____ HOURLY RATE OF PAY _____

EMPLOYING AGENCY: _____ UNIT #: _____

TODAY'S DATE: _____ EFFECTIVE DATE OF PERSONNEL ACTION: _____

 (Signature of Agency or Authorized Official)

 (Title)

DAYTIME PHONE #: _____