Print Form

Kentucky Retirement Systems
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FORM 2020

Member's Soc. Sec. No.: ☐☐☐-☐☐-☐☐☐☐

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:

☐ New Agency	☐ Reinstatement	☐ New Employee	☐ FMLA Leave*
☐ Leave Without Pay	☐ Educational Leave	☐ Maternity Leave	☐ Approved Sick Leave Without Pay
☐ Military Leave	☐ Dismissal	☐ Death	☐ Date of Death: _____
☐ Termination	☐ Health Insurance Termination Date:		

☐ Change in Employer: From: _____ To: _____

☐ Change in Position Status: From: _____ To: _____

☐ Other (please specify)

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

Position Title	Position Status		Current Rate of Pay: (Monthly, Hourly, Daily)
	☐ Regular Full-Time	☐ Seasonal	
	☐ Temporary	☐ Emergency	
	☐ Part-Time	☐ Probation	

**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 #: _____