

**Murray State University - HR Office
Notice of Personnel Action**

**Form must be
typed.**

1) Current Date (MM/DD/YYYY)		2) Revised PA? Yes ___ No ___		3) Date of Birth (MM/DD/YYYY)		4) Fiscal Year 20___ - 20___		5) MSU ID #		
6) Employee Legal Name					Last Name		First Name		Middle	
7) Telephone #										
8) Permanent Address										
9) Highest Degree										
(Street)		(City)		(State)		(Zip)				
10) Marital Status (new employee only) Check One			11) Ethnicity (new employees only) Please check all that apply:			(new employees only)		14) Grant Approval		15) Budget Approval
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(ed)			<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			12) U.S. Citizen <input type="checkbox"/> Yes ___ <input type="checkbox"/> No ___ 13) Gender <input type="checkbox"/> Male ___ <input type="checkbox"/> Female ___				
16) Timesheet/Leave (Primary) Organization										
Approver Org: _____						Approver: _____				
17) FOAPAL Information						18) Employee Category		19) Phone		
Department or Grant Name _____						Faculty ___ Staff ___		Dept. Phone No. _____		
Position Title _____										
20) Source of Funds										
Position Number	FTE	COA	Fund	Organization	Account	Program	Cost or Percent			
								%		
								%		
								%		
21) Type of Action-Check 1 if appropriate			22) Type of Employment-Check 1			23) Employment Term		24) Separation-Check 1 if appropriate		
<input type="checkbox"/> Appointment <input type="checkbox"/> Re-appointment <input type="checkbox"/> Transfer from _____ <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Special Project <input type="checkbox"/> Name change from _____ <input type="checkbox"/> Title change from _____			<input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Regular Part-Time* <input type="checkbox"/> Temporary Part-Time* _____ *Hours Per Week			<input type="checkbox"/> Check One <input type="checkbox"/> 12 Months <input type="checkbox"/> Academic Year <input type="checkbox"/> Month <input type="checkbox"/> Summer <input type="checkbox"/> Other (Explain on Line 33 Below)		<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Discharged <input type="checkbox"/> Quit without Notice <input type="checkbox"/> End of Temporary Employment <input type="checkbox"/> End of Grant <input type="checkbox"/> Reduction in Force <input type="checkbox"/> Deceased <input type="checkbox"/> Non-Renewal of Contract <input type="checkbox"/> End of Early Retirement <input type="checkbox"/> Termination of Contract		
25) Leave of Absence (Type)										
26) Employee previously retired?		27) Leave of Absence			28) Estimated Length of Leave					
KERS Retiree Y ___ N ___		With Pay Through _____			From _____					
KTRS Retiree Y ___ N ___		Without Pay After _____			To _____					
29) Work Location			30) Salary or Wage			31) Payment Frequency		32) Effective Dates (MM/DD/YYYY)		
_____ If Other/ Remote Location/Online Selected, list City, State: _____			Present: Hourly _____ Annual _____ Other _____ New: Hourly _____ Annual _____ Other _____			<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> One Payment		First Day of Work _____ Last Day of Work _____ Last Paid Day of Emp _____ Accrued Vac _____ Sick _____		
33) Remarks, Reasons and/or Justification:										
34) Signatures Required for Employment										
1) Department Chair or Supervisor					4) Budget					
Date _____					Date _____					
2) Dean or Director					5) Director of Human Resources					
Date _____					Date _____					
3) Vice President					6) President					
Date _____					Date _____					
FOR OFFICE USE ONLY					KERS Eligible ___ KTRS Eligible ___ Ret Eff _____ Ins Eff _____					
Position is exempt from FLSA? Yes ___ No ___					I-9 _____					