

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

**Form must be  
typed.**

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