Murray State University - HR Office Notice of Personnel Action

Form must be typed.

1) Current Date (MM/DD/YYYY)		2) Revised PA?		3) Date of Birth (MM/DD/YYYY)			1		5) MSU ID#	
6) Employee Legal Na	ame	Yes No Last Name		First Name			20	20 Middle	7) Telephone #	
b) Employee Legal Name Last Name						Itallie	Middle	7) Telepho	iic #	
8) Permanent Address									9) Highest	Degree
									o, mgoc	_ 09.00
(Street) (City)						(State) (Zip)				
10) Marital Status (ne	w	11) Ethnicity (new employees only)			(new employees only)			rant Approval	15) Budget	Approval
employee only) Chec		Please chec	k all that apply:		12) U.S.				, ,	
Single		Whit		Y	es No					
Married		Blac	k/African American		13) Gen	der				
Divorced		Hisp		M	lale Female					
Separated		Asia				16) T	16) Timesheet/Leave (Primary) Organization			
Widow(ed)		Ame	rican Indian/Alaska N	lative			Org:			
Na			ve Hawaiian/Pacific Is	Ар		Аррі	prover:			
	DAPAL Information			1		mployee Category	19) Phone			
Department or Grant						Faculty Dept. Phone No.		e No.		
Position Title						Staff				
20) Source						ds				
Position Number	FTE	COA	Fund	Organi	ization	Account		Program	Cost or F	ercent
										%
										%
										%
21) Type of Action-Ch	22) Type of Employment-Check 1		ck 1	23) Employment Term		24) Separation-Check 1 if appropriate				
Appointment			Regular Full-Time			Check One		Resignation		
Re-appointment			Temporary Full-Time			12 Months		Retirement		
Transfer from			Regular Part-Time*			Academic Year		Discharged		
Salary Adjustment			Temporary Part-Time*			Month		Quit without Notice		
Special Project			*Hours Per Week		k	Summer		End of Temporary Employment		
Name change from						Other (Explain				
Title change from			25) Leave of Absence (Type)			Line 33 Below)		Reduction in Force		
								Deceased		
26) Retiree Information 27) Leave o) Estimated Length of Leave		Non-Renewal of Contract		
			, , , , , , , , , , , , , , , , , , , ,		From			End of Early Retirement		
			ithout Pay After		То			Termination of Contract		
29) Work Location			30) Salary or Wage					y 32) Effective Dates (MM/DD/YYYY)		
			Present: Hourly	Annual		Monthly Bi-Weekly		First Day of Work Last Day of Work		
			Other			One Payment		Last Paid Day of Emp		
Other			New: Hourly	Annual		One Payin	eni	Accrued Vac	np Sick	
33) Remarks, Reason and/or Justification:								7.00.000 7.00		
34) Signatures Required for Employment										
Department Chair of	Date		4) Budget			Date				
2) Dean or Director			Date		5) Director of Human Resources		ırces	Date		
3) Vice President				е	6) President			Date		
FOR OFFICE USE ONLY						ligible KTRS Elic	gible	_ Ret Eff	Ins Eff	
Position is exempt from FLSA? Yes No										

Revised 2/2012