

Kentucky Teachers' Retirement System
479 Versailles Road
Frankfort, Kentucky 40601
PH: 502/848-8500 FAX: 502/848-8599

DISTRICT PERSONNEL ACTION

1. Name _____ 2. Social Security # _____
3. Address _____
City/State/ZIP _____
4. Phone (_____) _____ 5. Date of Birth _____
6. Name Change (Member's signature on line 14) _____
Previous Name _____
Previous Address _____
7. Change in Employer From _____
To _____
8. Position Status
Full-time: _____
Substitute: _____
Part-Time contractual: _____
Part-Time noncontractual: _____
- 9a. Enclosed Personnel Action
Change in Position to: _____
(*ex: Regular Teacher to Principal*)
- 9b. From _____ Days to _____ Days
(*Contract days in prior position to days in new position*)
10. Total Contract Salary \$ _____
11. First Day of Work in this District _____, 20 _____
12. Signature of District Designee _____
Printed Name _____
13. Send Beneficiary Change Forms (*circle one*) YES NO
14. _____ Date _____, 20 _____
Member Signature (*for name change only*)

THIS FORM MAY BE DUPLICATED