62A639 (1-07)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

REQUEST FOR PERSONNEL ACTION

(PVA PAYROLL APPROVAL)

Date _____ ,20

1. NAME *(First name, middle initial and surname)*	2. SOCIAL SECURITY NO. 3. COUNTY/CODE	4. EFFECTIVE DATE Month Day Year
5. ADDRESS *(Street and No., City or Town)* State ZIP Code	6. PERMANENT ☐ SEASONAL ☐ PART-TIME (Under 100) ☐ FULL-TIME ☐	7. ENDING DATE *(If less than permanent appointment)* Month Day Year

8. NATURE OF PERSONNEL ACTION

(Indicate reason for action in remarks)

- ☐ Election
- ☐ Appointment
- ☐ Reclassification
- ☐ Promotion
- ☐ Increment
- ☐ Lateral
- ☐ Demotion
- ☐ Address Change
- ☐ Name Change
- ☐ Salary Change
- ☐ 6 Months Salary Change
- ☐ Death
- ☐ Dismissal
- ☐ Suspension
- ☐ End of Term
- ☐ Leave W/O Pay
- ☐ FMLA
- ☐ Military Leave
- ☐ Resignation
- ☐ Retirement
- ☐ Vacancy Promotion
- ☐ Other _____

9. REMARKS

FUND SOURCE _____

FROM		TO
	10. Position Title	
	11. Salary or Wage (Monthly or Hourly)	
	12. Pay Period Rate	
	13. Pay Grade/Pop. Grade	

14. DATE OF BIRTH Month Day Year	15. RACIAL ORIGIN	16. SEX
	☐ 0-White ☐ 1-Black ☐ 2-Hispanic ☐ 3-Asian American ☐ 4-American Indian or Alaskan Native ☐ 5-Other	☐ Male ☐ Female

RECOMMENDED _____ DATE _____
Property Valuation Administrator

APPROVED _____ DATE _____
FAC/PVA Administrative Support Branch

COPY DISTRIBUTION

One copy to -PVA Administrative Support Branch Payroll Copy
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