



Kentucky Retirement Systems

Perimeter Park West | 1260 Louisville Rd. | Frankfort KY 40601-6124

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Form 2020
Revised 05/2010

Advice of Personnel Action

Member Information

Member Name:	Member ID:
Employment Begin Date:	
The Employment Begin Date represents the date the member's employment began with your agency.	
Eligibility Date:	
The Eligibility Date represents the date the member became eligible to contribute to KRS.	
Employment End Date:	
The Employment End Date represents the date the member terminated employment.	

Employer Information

Employer Name:	
Employer Code:	Phone Number:

Signature of Agency
or Authorized Official: _____

Date: _____

Title: _____

Please provide any comments below.