

## MASTER COMMISSIONER PERSONNEL ACTION FORM (MC-PAF)

Section A: Personnel Action Type      Section B: Employee Information      Section C: New Hire Information  
 Section D: Status Change      Section E: Termination of Employment      Section F: Master Commissioner Info

SECTION A: PERSONNEL ACTION TYPE <i>(Select all that Apply)</i>					
New Hire	Resignation	Termination	Address Change	Name Change	
Maximum Wage Adjustment		KPPA Change	Deferred Comp Change		
SECTION B: EMPLOYEE INFORMATION <i>(New Employees and Personal Changes for Existing Employees)</i>					
Last Name:		First Name:		MI:	
Address:			City/State/Zip:		
Job Title:		Social Security Number:			
Effective Date:					
Employee Signature:				Date:	
SECTION C: NEW HIRE INFORMATION <i>(New Employees)</i>					
Full Time		Part Time		Annual Maximum Wage:	
				<i>(Include maximum wage documentation provided by the AOC)</i>	
Will make Retirement Contributions to KPPA:		No	Yes	KPPA Contribution Percentage:	
<i>(Only check yes if KPPA contribution will be made from wages earned from Master Commissioner duties)</i>					
Contribute to Deferred Compensation Plan:		No	Yes		
If Yes, which DC plan(s) are contributions made (Check all that apply):				401K	457
SECTION D: STATUS CHANGE <i>(Existing Employees)</i>					
Current Status:	Full Time	Part Time	New Status:	Full Time	Part Time
SECTION E: TERMINATION OF EMPLOYMENT <i>(Existing Employee)</i>					
Resignation	Retirement	Termination	Other:		
Last Date of Employment:					
SECTION F: MASTER COMMISSIONER INFORMATION					
Office Code:		County:			
Master Commissioner Name:					
Master Commissioner Signature:				Date:	

Upload completed form to [BOX UPLOAD LINK](#) for processing