

**Social Security Coverage & Reporting Branch
Master Commissioner Personnel Action Form**

Office Code

County

Social Security Number

Name (First, MI, Last, Suffix)

Home Address

City

State

Zip Code + 4

Personnel Action

(The information below applies to duties performed within the Master Commissioner's office only)

Personnel Action Type

Effective Date

Job Classification

Full Time

Part Time

Job Title

Maximum Wage (Set by AOC)

Member of Kentucky Retirement System

(Only check yes if KRS contribution is made from wages earned from
Master Commissioner duties)

Retirement Contribution Percentage

Yes

No

Contribute to deferred compensation plan

401K

457

Both

None

Name or Address Change

New Name and/or Address:

Authorized Official Name and Title

Date

Return this form to the Social Security Coverage & Reporting Branch
Mail: PO Box 639, Frankfort KY 40601-0639
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Fax: (502) 564-2124