



Personnel Action Notification

First Name Middle Name Last Name
123 Anywhere Avenue
City, State ZIP

Employee ID:

Personnel ID:
EMAILADDRESS@KY.GOV
Agency Code:
Cabinet:
Agency:
Division:

Dear First Name Last Name,

Upon the recommendation of your appointing authority, on [DATE] the Personnel Cabinet processed the following action(s) in KHRIS:

Start Date Action Type

FROM	TO
Job Id:	Job Id:
Job Title:	Job Title:
Pos Id:	Pos Id:
Salary:	Salary:
Org Id:	Org Id:
Org Unit:	Org Unit:
Pay Grade:	Pay Grade:
Work County:	Work County:

Remarks:

*If any of the above information is incorrect, please contact your agency human resources office.