



Missouri Department of Revenue  
**Personnel Transaction Change (PTC) - New Employee**

Employee Name (Last, First, MI)

Social Security Number (Last Four Digits)  
**X | X | X | X | X |** | | | |

Effective Date (MM/DD/YYYY)  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Division and Bureau Information</b>	Division		Bureau		Organization Code and Description										
	Work Location			Work Phone (include extension) Ext.			Room Number	Office Box Number							
	Proxy Access														After Hours Access
<input type="checkbox"/> N/A <input type="checkbox"/> 216 <input type="checkbox"/> 217 <input type="checkbox"/> 218 <input type="checkbox"/> 225F <input type="checkbox"/> 225R <input type="checkbox"/> 320 <input type="checkbox"/> 330 <input type="checkbox"/> 340 <input type="checkbox"/> 360 <input type="checkbox"/> 370 <input type="checkbox"/> 380 <input type="checkbox"/> 380 FTI <input type="checkbox"/> 470 DIV <input type="checkbox"/> 470 DL <input type="checkbox"/> Dock														<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____															

<b>Position and Salary Information</b>	Position Title and Salary Range			Pay Step	Salary	Position Number	Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Employment Type		Evaluation Period			Person Being Replaced		
	Rater - Direct Supervisor (LeaveTrack)			Reviewer - Rater's Supervisor			CPA (Field Compliance) <input type="checkbox"/> Yes <input type="checkbox"/> No	CAS (Field Compliance) <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Comments and Attachments</b>	
---------------------------------	--

- |                  |                                                                                                                                                                   |                                                                                                                                     |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>Checklist</b> | <input type="checkbox"/> Ensure <a href="#">background check</a> is completed and <a href="#">Statement of Tax Non-Filed</a> is sent to Personnel, if applicable. | <input type="checkbox"/> Send interview materials to <a href="#">Personnel</a> .                                                    |
|                  | <input type="checkbox"/> Ensure <a href="#">position is established</a> , if new position.                                                                        | <input type="checkbox"/> Submit application cover page to <a href="#">Personnel</a> .                                               |
|                  | <input type="checkbox"/> Request <a href="#">after hours</a> , if applicable.                                                                                     | <input type="checkbox"/> Submit <a href="#">OHD ticket</a> to create account and request access. Include the following information: |
|                  | <input type="checkbox"/> Request keys, if applicable.                                                                                                             | • name;                                                                                                                             |
|                  | <input type="checkbox"/> Request name plate.                                                                                                                      | • supervisor;                                                                                                                       |
|                  |                                                                                                                                                                   | • position number; and                                                                                                              |
|                  |                                                                                                                                                                   | • applicable programs.                                                                                                              |

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
Administrator's Approval

\_\_\_\_\_  
Division Director's Approval

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (MM/DD/YYYY)