

Marshall County Fiscal Court  
1101 Main Street  
Benton, KY 42025  
270-527-4725

**Informational Form**

Dept. Marshall Co. E911

Name: Keegan Ray Cole  
SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Personnel Action:

<input checked="" type="checkbox"/> Appointment	<input type="checkbox"/> Salary/Wage Change
<input type="checkbox"/> Elected	<input type="checkbox"/> Death
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Dismissal: Reason _____
<input type="checkbox"/> Leave Without Pay	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Military Leave	<input type="checkbox"/> Resignation (Notice & Acceptance Attached)
<input type="checkbox"/> End of Office Term	<input type="checkbox"/> Retirement
<input type="checkbox"/> Address Change / Old Address: _____	
<input type="checkbox"/> Name Change / Previous Name: _____	
<input type="checkbox"/> Change in Employer From: _____ To: _____	
<input type="checkbox"/> Change in Status From: _____ To: _____	

Position Title: Dispatcher

Position Status:

<input type="checkbox"/>	Seasonal
<input type="checkbox"/>	Emergency
<input checked="" type="checkbox"/>	Part-Time
<input type="checkbox"/>	Temporary
<input type="checkbox"/>	Regular Full-Time

Salary/Wage: (Monthly or Hourly Rate)

\$12.25

Effective Date of Personnel Action: 4-10-18

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature  
Adonna Corvill  
Employer/Supervisor Signature

Date  
4-9-18  
Date