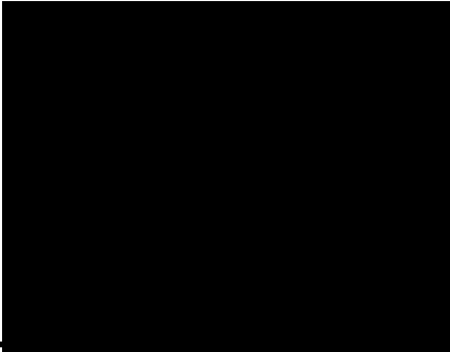
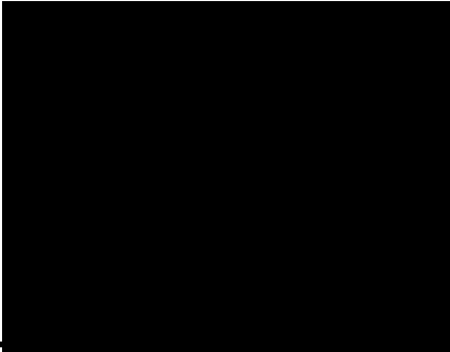
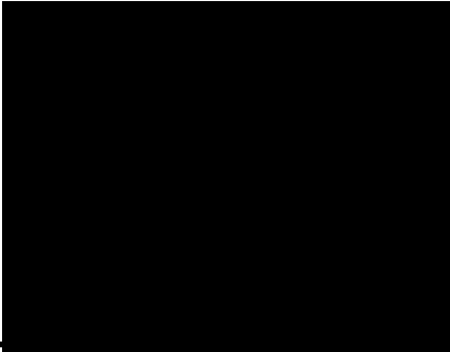
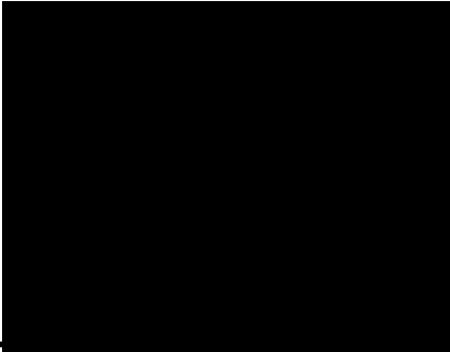
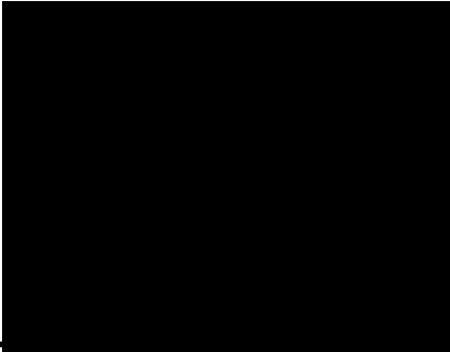


Marshall County Fiscal Court
1101 Main Street
Benton, KY 42025
270-527-4725

Informational Form

Dept. ROAD

Name: JIMMY ALLEN
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: LABORER

Position Status:

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

Salary/Wage: (Monthly or Hourly Rate)

* 12.00 / HOUR

Effective Date of Personnel Action: 5-1-18

Other Comments:

Employee Signature
BAW
Employer/Supervisor Signature

Date
4-16-18
Date

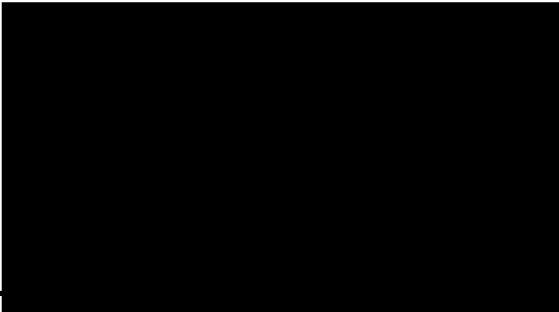
Marshall County Fiscal Court
1101 Main Street
Benton, KY 42025
270-527-4725

Informational Form

Dept. ROAD

Name: GEORGE HICKS

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: LABORER

Position Status:

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

Salary/Wage: (Monthly or Hourly Rate)

\$12.00 / Hour

Effective Date of Personnel Action: 5/1/18

Other Comments:

Employee Signature _____
BAW
Employer/Supervisor Signature _____

Date _____
4-16-18
Date _____

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

Informational Form

Dept. ROAD

Name: ROGER YOUNGBLOOD

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: LABORER

Position Status:

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

Salary/Wage: (Monthly or Hourly Rate)

\$12.00 / HOUR

Effective Date of Personnel Action: 5-1-18

Other Comments:

Employee Signature
BJW
Employer/Supervisor Signature

Date
4-16-18
Date