

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

Informational Form

Dept. ANIMAL CARE AND CONTROL

Name: WHITLEY DEVARY
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: ANIMAL SHELTER LABORER

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)
\$ 10.21 / HOUR

Effective Date of Personnel Action: 5-16-18

Other Comments:

Employee Signature

Date

Employer/Supervisor Signature

Date