

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

Informational Form

Dept. E911

Name:	<u>LADONNA CORIELL</u>
SSN:	[REDACTED]
Address:	[REDACTED]
City/State/Zip:	[REDACTED]
Home Phone:	[REDACTED]
Date of Birth:	[REDACTED]

Personnel Action:

<input type="checkbox"/>	Appointment	<input checked="" 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: E911 DIRECTOR

Position Status:

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

Salary/Wage: (Monthly or Hourly Rate)
\$49,608 / YEAR

Effective Date of Personnel Action: 5-16-18

Other Comments:

Employee Signature

Date

Employer/Supervisor Signature

Date