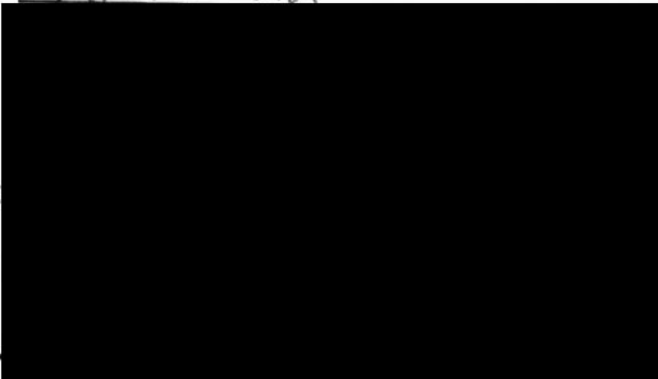
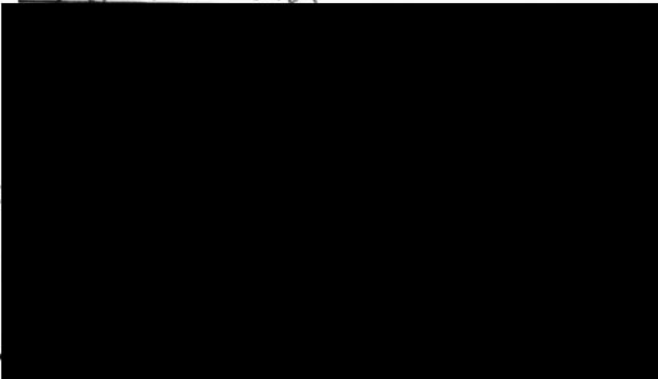
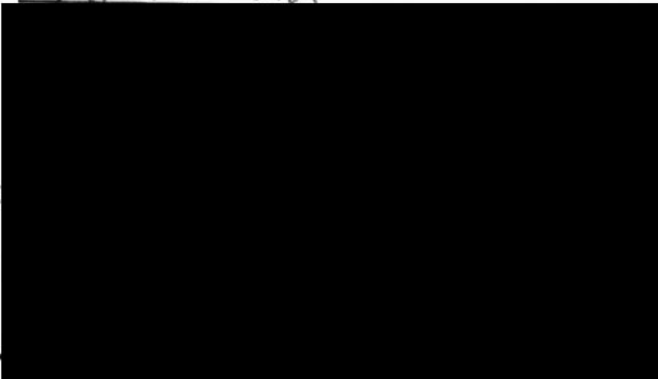
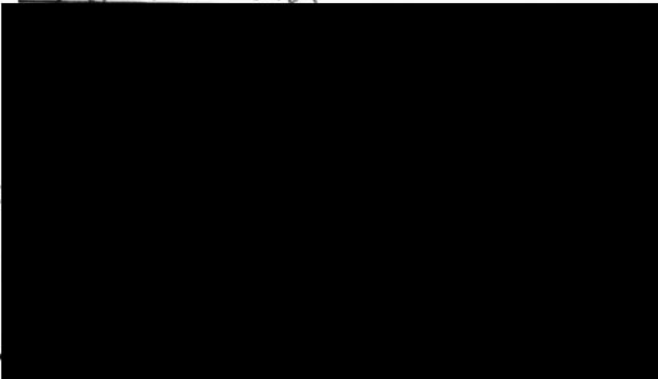
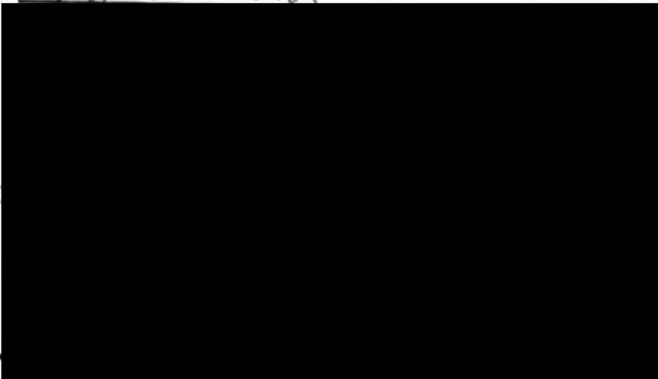


Marshall County Fiscal Court  
1101 Main Street  
Benton, KY 42025  
270-527-4725

**Informational Form**

Dept. Marshall County E911

Name: Anita Ford  
SSN:   
Address:   
City/State/Zip:   
Home Phone:   
Date of Birth: 

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: Dispatcher

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)

From \$17.60 To \$18.00

Effective Date of Personnel Action: \_\_\_\_\_

Other Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_  
Donna Coriell  
Employer/Supervisor Signature

Date \_\_\_\_\_  
12/10/18  
Date