

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

Informational Form

Dept. Marshall County E911

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

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
Address Change / Old Address: _____	
Name Change/ Previous Name: _____	
Change in Employer	From: _____ To: _____
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)
\$15.00

Effective Date of Personnel Action: 4-8-19

Other Comments:

Employee Signature
Donna Corneil
Employer/Supervisor Signature

Date
3/28/19
Date