



Marshall County Fiscal Court
1101 Main Street
Benton, KY 42025
270.527.4725

EMPLOYEE INFORMATIONAL
FORM

Department:		Position Title:	Telecommunicator
Name:	Sullivan, Katherine M	Employee Code:	
Date of Birth:		Social Security Number:	
Street Address:		City State, Zip:	
Home Phone:		Mobile Phone:	
Email Address:			

Personnel Action

Position Status

New Hire	X	Full-Time	Yes
Appointment			
Elected		Part-Time	
Reinstatement			
Leave without Pay		Seasonal	
Military Leave			
End of Office Term		Temporary	
Wage Change			
Death		Emergency	
Retirement / Resignation			
Dismissal	Reason:		
Address Change	Old:	New:	
Name Change	Old:	New:	
Change in Department	From:	To:	
Effective Date of Personnel Action:		Wage Rate: \$13.70	
Other Comments:			

Employee Signature:	Date:
Employer/Supervisor Signature: <i>Sheila Day</i>	Date: 3-6-2020



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EMPLOYEE INFORMATIONAL FORM

Department:	Maintenance	Position Title:	Maintenance Laborer
Name:	Dustin Tillson	Employee Code:	
Date of Birth:		Social Security Number:	
Street Address:		City State, Zip:	
Home Phone:		Mobile Phone:	
Email Address:			

Personnel Action

Position Status

New Hire	X	Full-Time	X
Appointment		Part-Time	
Elected			
Reinstatement			
Leave without Pay		Seasonal	
Military Leave			
End of Office Term		Temporary	
Wage Change			
Death		Emergency	
Retirement / Resignation			
Dismissal:	Reason:		
Address Change	Old:	New:	
Name Change	Old:	New:	
Change in Department	From:	To:	
Effective Date of Personnel Action: 3/17/2020		Wage Rate: \$16.00	Phone Stipend:
Other Comments:			

Employee Signature:	Date:
Deputy Judge's Signature: 	Date: 3-12-2020



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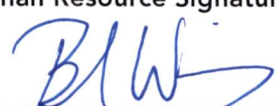
EMPLOYEE INFORMATIONAL FORM

Department:	911 Dispatch	Position Title:	Dispatcher
Name:	Jamey Spears	Employee Code:	
Date of Birth:		Social Security Number:	
Street Address:		City, State Zip:	
Home Phone:		Mobile Phone:	
Email Address			

Personnel Action

Position Status

New Hire		Full-Time	X
Appointment			
Elected		Part-Time	
Reinstatement			
Leave without Pay		Seasonal	
Military Leave			
End of Office Term		Temporary	
Wage Change			
Death		Emergency	
Retirement / Resignation			
Dismissal:	Reason:		
Address Change	Old:	New:	
Name Change	Old:	New:	
Change in Department	From:	To:	
Effective Date of Personnel Action: 3/17/2020		Wage Rate: \$15.19	Phone Stipend:
Other Comments:			

Supervisor Signature: 	Date: 3/16/20
Human Resource Signature: 	Date: 3-16-2020
Employee Signature:	Date: