

#### iviai siiaii Courtty i iscai Court 1101 Main Street Benton, KY 42025 270.527.4725

## **EMPLOYEE INFORMATIONAL**

**FORM** Telecommunicator Position Title: Department: Employee Code: Sullivan, Katherine M Name:

Date of Birth:		Number:			
Street Address:		City State, Zip:			
Home Phone:		Mobile Phone:			
Email Address:					
Person	nel Action	Positio	Position Status		
New Hire	Х	Full-Time	Yes		
Appointment		T dii Tiirie			
Elected		Part-Time			
Reinstatement		Tare Time			
Leave without Pay		Seasonal			
Military Leave		- Couserial			
End of Office Term		Temporary			
Wage Change		Temperary			
Death					
Retirement / Resignation		Emergency			
Dismissal	Reason:				
Address Change	Old:	New:			
Name Change	Old:	New:			
Change in Department	From:	То:			
Effective Date of Personnel Action: Wage Rate: \$13.70					
Other Comments:					
Employee Signature:			Date:		
Employer/Supervisor Signature:			Date:		
Shoila Man			3-6-2020		

Flave Circuture	D
Employee Signature:	Date:
Employer/Supervisor Signature:	Date:
	3-6-2020
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## Marshall County Fiscal Court 1101 Main Street Benton, KY 42025

#### **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	х	F. II T'	х			
Appointment		- Full-Time				
Elected		David Time				
Reinstatement		Part-Time				
Leave without Pay		6 1				
Military Leave		— Seasonal				
End of Office Term		_				
Wage Change		Temporary				
Death		F				
Retirement / Resignation		- Emergency	,			
Dismissal:	Reason:					
Address Change	Old:	New:				
Name Change	Old:	New:	New:			
Change in Department	From:	То:	То:			
Effective Date of Personne	el Action: 3/17/2020	Wage Rate <mark>: \$16.00</mark>	Phone Stipend:			
Other Comments:						
Employee Signature:			Date:			
Deputy Judge's Signature:			Date: 3 - 12 - 2020			



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

# **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	V			
Appointment		- Full-Time	X			
Elected		Part-Time				
Reinstatement		rait-fille				
Leave without Pay		Seasonal				
Military Leave		Jeasonai				
End of Office Term		Temporary				
Wage Change		lemporary				
Death		Emargana				
Retirement / Resignation		Emergency				
Dismissal:	Reason:	-				
Address Change	Old:	New:				
Name Change	Old:	New:				
Change in Department	From:	То:				
Effective Date of Personne	el Action: 3/17/2020	<b>Wage Rate:</b> \$15.19	Phone Stipend:			
Other Comments:						
c						
Supervisor Signature:			Date: 3/16/20			
Human Resource Signature:			Date: 3 - 16 - 2020			
Employee Signature:			Date:			