DRAFT

MARSHALL COUNTY
EST. 1842

Dear Employee,

The Marshall County Fiscal Court has made the decision to change pay dates for their employees from the 15th of the month, to the 22nd of the month; and from the last day of the month, to the 7th of the month. This will take effect July 1, 2017.

PLEASE BE AWARE, you will get paid on June 30, 2017. Then your next pay date will be July 22nd. As an effort to help alleviate the difficulties families will experience, the Marshall County Fiscal Court has opted to allow an employee a one-time payout of Vacation or Sick Leave up to 80 hours. To qualify to sell time, an employee must maintain a minimum of 80 hours of vacation or sick time (combined). If you elect to sell time, please complete the form on the back of this letter. **Forms to sell vacation or sick time must be turned in to the Treasurer's Office no later than 4:30 PM on Monday, June 26, 2017.** These will be paid on July 7, 2017.

Also, you will find attached the Direct Deposit Form for you to complete and return to the Treasures's Office no later than 4:30 PM Monday, June 26, 2017.

If you have questions, please feel free to contact me at 270.527.4750 or Emily Martin, Treasurer, at 270.527.4725.

Sincerely,

Brad Warning
Deputy Judge/Executive

DRAFT

PAYOUT OF VACATION/SICK FORM

I, _____, an employee of the Marshall County Fiscal Court, would

like to sell _____ vacation hours and _____ sick hours as allowed due to pay date

changes.

_____   _____
Employee Signature   Date

DIRECT DEPOST FORM

DRAFT

#1

_____
Financial Institution Name

_____
Street Address

_____
City, State, Zip

_____
Routing #

_____
Account #

☐ Checking   ☐ Net Pay

☐ Savings   ☐ $_____Each Check

#2

_____
Financial Institution Name

_____
Street Address

_____
City, State, Zip

_____
Routing #

_____
Account #

☐ Checking   ☐ Net Pay

☐ Saving   ☐ $_____Each Check

ATTACH VOIDED CHECK OR DEPOSIT TICKET ON BACK

This authority is to remain in full force and effect until Marshall County Fiscal Court and your Financial Institution has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Marshall County Fiscal Court and your Financial Institution a reasonable opportunity to act on it.

_____   _____   _____
Employee Signature   Printed Employee Name   Date