

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

**Informational Form**

Dept. Marshall County E911

Name:	Chandler Sirls
SSN:	██████████
Address:	████████████████████
City/State/Zip:	Benton, KY 42025
Home Phone:	██████████
Date of Birth:	10/30/96

<b>Personnel Action:</b>	
<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:** E911 Dispatcher

<b>Position Status:</b>
<input type="checkbox"/> Seasonal
<input type="checkbox"/> Emergency
<input type="checkbox"/> Part-Time
<input type="checkbox"/> Temporary
<input checked="" type="checkbox"/> Regular Full-Time

<b>Salary/Wage:</b> (Monthly or Hourly Rate)
\$13.64 / Hour

**Effective Date of Personnel Action:** 01/01/18

<b>Other Comments:</b>

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Employer/Supervisor Signature*

\_\_\_\_\_  
*Date*