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

Informational Form

Name:	JIMMY ALLED				
SSN:					
Address:					
City/State/Zip:					
Home Phone:					
Date of Birth:					
Personnel Acti	on:				
	Elected Reinstatement Leave Without Pay Military Leave End of Office Term Address Change / Old Address Change / Previous Name Change / Previous / Previou	Salary/Wage Change Death Dismissal: Reason Other: Resignation (Notice & Acceptance Attached) Retirement ess: Ime: To: To: To:			
Position Title	: LABORER				
Position Status	Seasonal Emergency Part-Time Temporary Regular Full-Time	Salary/Wage: (Monthly or Hourly Rate) * Z.00 /Hour			
Effective Date of Personnel Action: 5-(-18					
Other Comments:					
Employee Signature B Employer Supervisor	· ~	Date 4 - G - 8 Date			

Dept.

ROAD

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

Informational Form	Into	rmatin	nal Fori	m
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Name:	GEORGE HICKS				
SSN:					
Address:					
City/State/Zip					
Home Phone:					
Date of Birth:					
Personnel Actio	Appointment Salary/Wage Change Elected Death Reinstatement Dismissal: Reason Leave Without Pay Other: Military Leave Resignation (Notice & Acceptance Attached) End of Office Term Retirement Address Change / Old Address: Name Change / Previous Name: Change in Employer From: To: Change in Status From: To:				
Position Title:	LABORER				
Position Status	Seasonal Emergency Part-Time Temporary Regular Full-Time Salary/Wage: (Monthly or Hourly Rate) Houre				
Effective Date of Personnel Action: 5/1/18					
Other Comments:					
Employee Signature	4-16-18				

Dept. ROAD

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

Intormational Form

Dept. ROAD

Name:	ROGER	YOUNGBL	000		
SSN:					
Address:					
City/State/Zip:					
Home Phone:					
Date of Birth:					
Personnel Action	Appointr Elected Reinstat Leave W Military I End of C Address Name C Change	ement Vithout Pay Leave Office Term Change / Old hange/ Previde	Salary/Wage Change Death Dismissal: Reason Other: Resignation (Notice & Acceptance Attached) Retirement Address: Dus Name: From: To: From: To:		
Position Title	: Labor	EL			
Position Status	Seasona Emerge Part-Tim Tempora	ncy ne	Salary/Wage: (Monthly or Hourly Rate)		
Effective Date of Personnel Action: 5-1-18					
Other Comments:					
Employee Signature	<u></u>		Date H - 6 - 8		