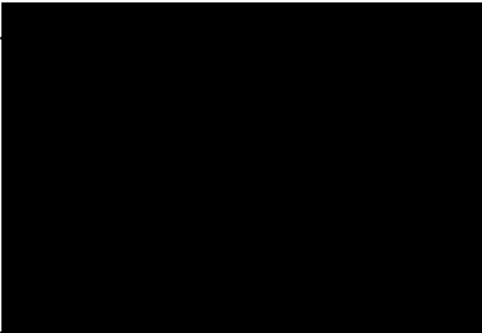
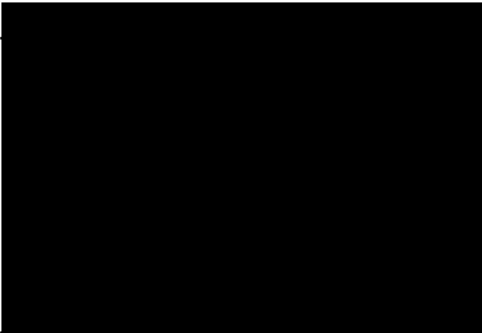
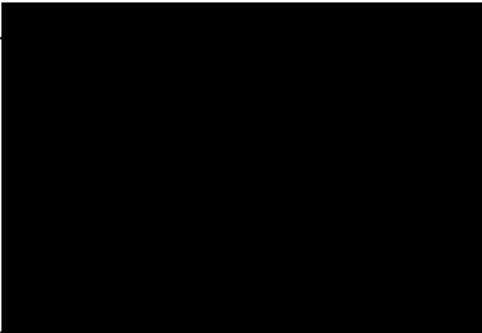
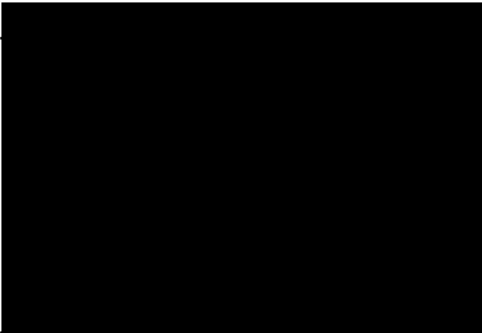
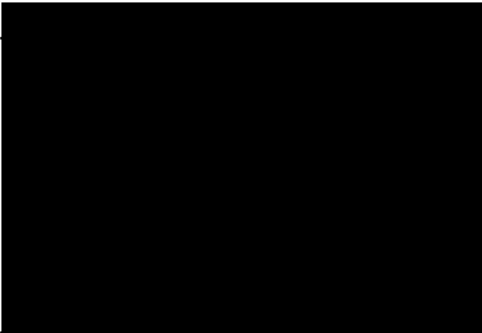


Marshall County Fiscal Court
1101 Main Street
Benton, KY 42025
270-527-4725

Informational Form

Dept. E911

Name: JOHN TOWNSEND
SSN: 
Address: 
City/State/Zip: 
Home Phone: 
Date of Birth: 

Personnel Action:

<input type="checkbox"/> Appointment	<input 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 checked="" type="checkbox"/> Other: <u>TITLE CHANGE</u>
<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: DISPATCHER → ASSISTANT DIRECTOR

Position Status:

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

Salary/Wage: (Monthly or Hourly Rate)

Effective Date of Personnel Action: 7-18-18

Other Comments: TITLE CHANGE TO ASSISTANT DIRECTOR

Employee Signature
BAW
Employer/Supervisor Signature

Date
7-12-18
Date