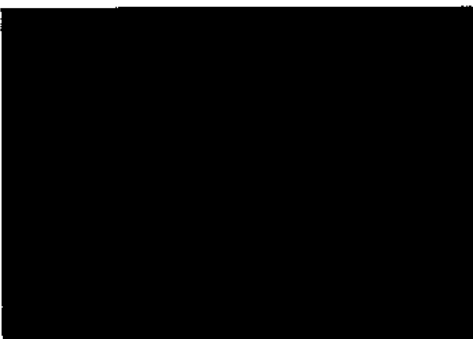
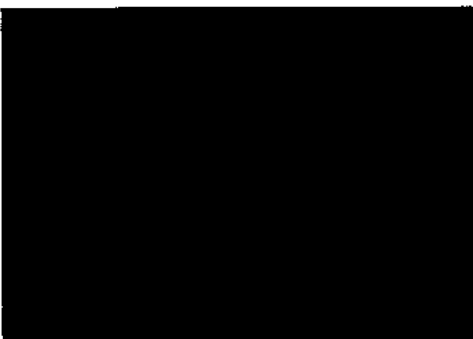
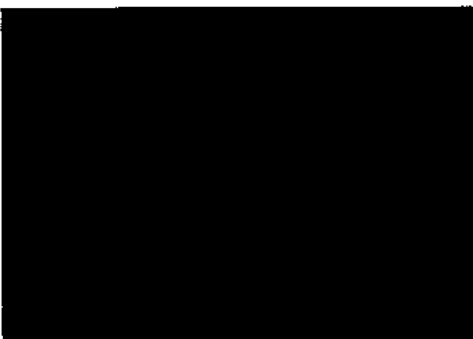
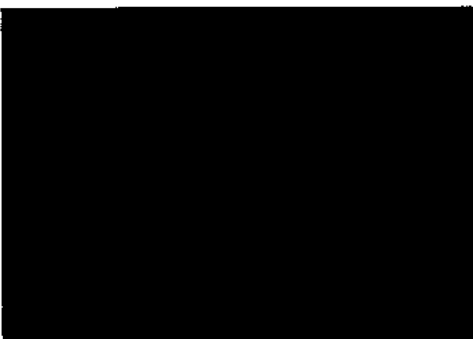
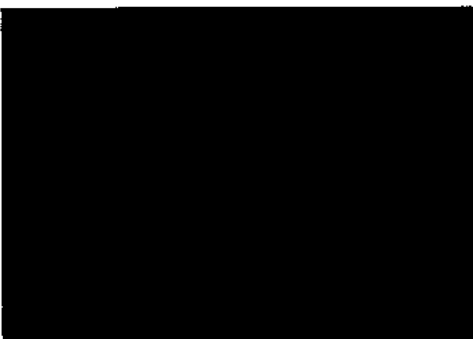


Marshall County Fiscal Court  
1101 Main Street  
Benton, KY 42025  
270-527-4725

Informational Form

Dept. Eq11

Name: MARANDA HANSON  
SSN:   
Address:   
City/State/Zip:   
Home Phone:   
Date of Birth: 

Personnel Action:

<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: DISPATCHER

Position Status:

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

Salary/Wage: (Monthly or Hourly Rate)  
\$12.51/HR TO \$15.75/HR

Effective Date of Personnel Action: 8-16-18

Other Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

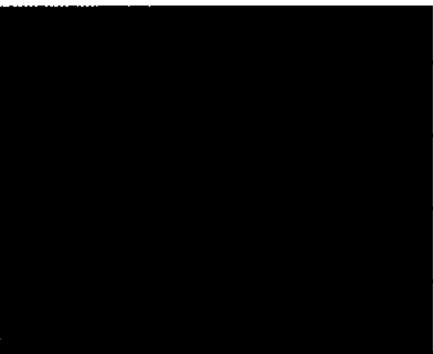
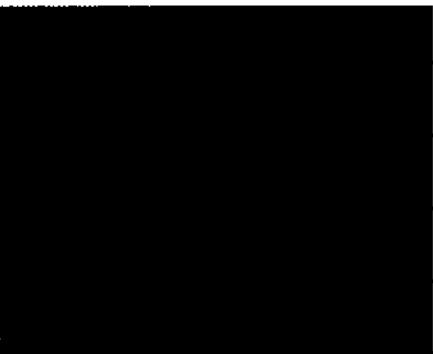
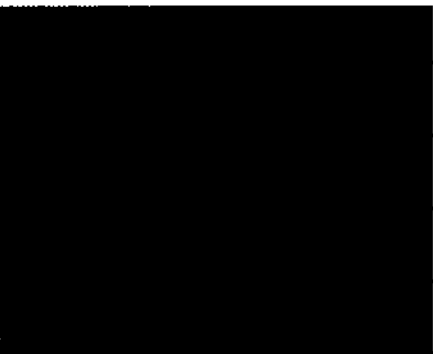
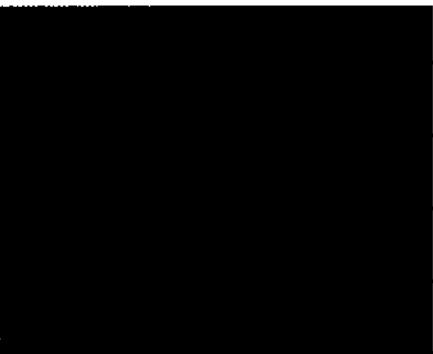
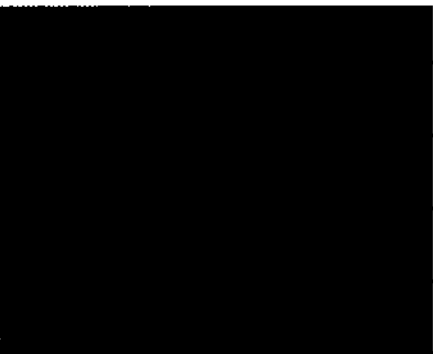
\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Date

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

Informational Form

Dept. E911

Name: PHILIP MADISON  
SSN:   
Address:   
City/State/Zip:   
Home Phone:   
Date of Birth: 

Personnel Action:

<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: DISPATCHER

Position Status:

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

Salary/Wage: (Monthly or Hourly Rate)  
\$ 13.12 /HR TO \$ 15.25 /HR

Effective Date of Personnel Action: 8-16-18

Other Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

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


\_\_\_\_\_  
Date


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


Informational Form


Dept. Eq11


Name: VINCENT TERRELL

SSN: 

Address: 

City/State/Zip: 

Home Phone: 

Date of Birth: 

Personnel Action:

<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
Address Change / Old Address: _____	
Name Change/ Previous Name: _____	
<input type="checkbox"/> Change in Employer	From: _____ To: _____
<input type="checkbox"/> Change in Status	From: _____ To: _____

Position Title: DISPATCHER

Position Status:

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

Salary/Wage: (Monthly or Hourly Rate)

\$12.84 /HR TO \$13.75 /HR

Effective Date of Personnel Action: 8-16-18

Other Comments:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date