


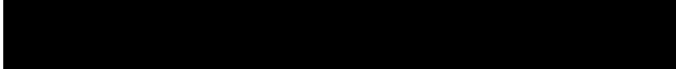
Marshall County Fiscal Court
1101 Main Street
Benton, KY 42025
270-527-4725

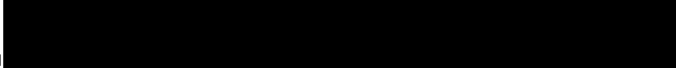
Informational Form

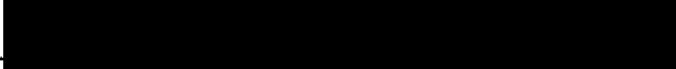
Dept. E911

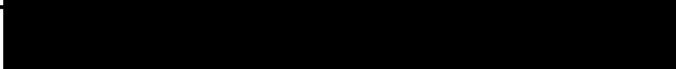
Name: JOHN TOWNSEND

SSN: 

Address: 

City/State/Zip: 

Home Phone: 

Date of Birth: 

Personnel Action:

<input type="checkbox"/> Appointment	<input 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: 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)

\$ 16.68 /HR → \$ 19.08 /HR

Effective Date of Personnel Action: 10 - 16 - 18

Other Comments:

Employee Signature
BTW
Employer/Supervisor Signature

Date
10 - 15 - 18
Date