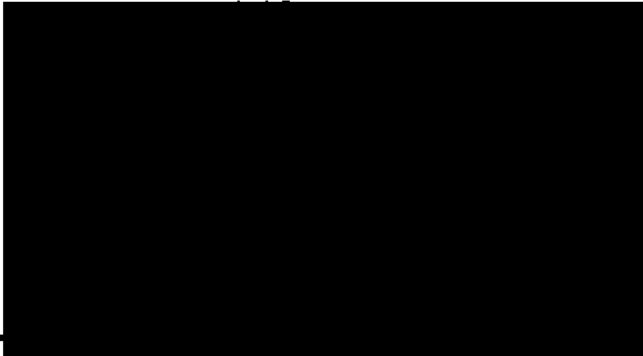


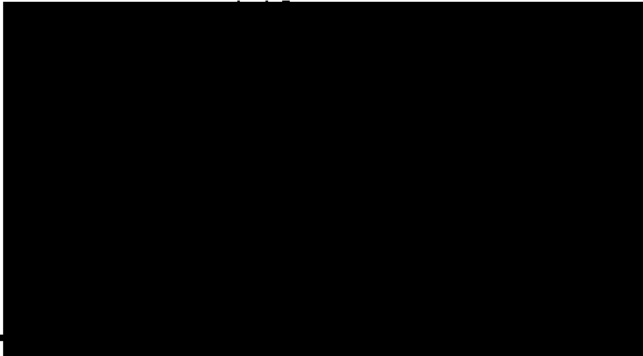
Marshall County Fiscal Court  
1101 Main Street  
Benton, KY 42025  
270-527-4725

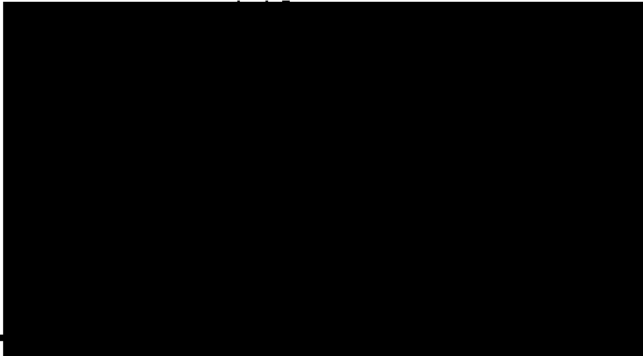
Informational Form

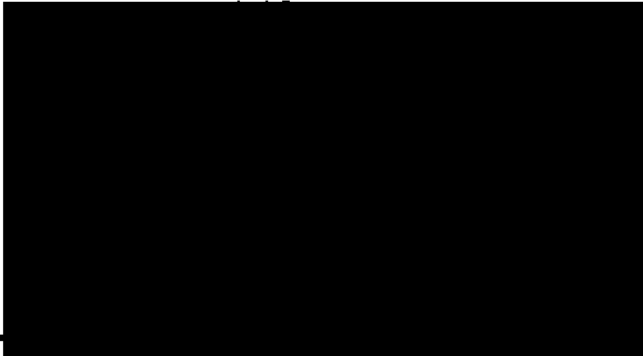
Dept. Eq11

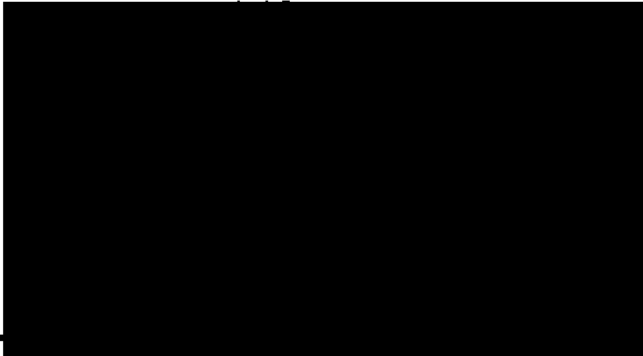
Name: SHEILA DAY

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 SUPERVISOR

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)

\$15.49/HR → \$17.54/HR

Effective Date of Personnel Action: 10-16-18

Other Comments:

\_\_\_\_\_

\_\_\_\_\_

Employee Signature  
  
Employer/Supervisor Signature

Date  
10-15-18  
Date