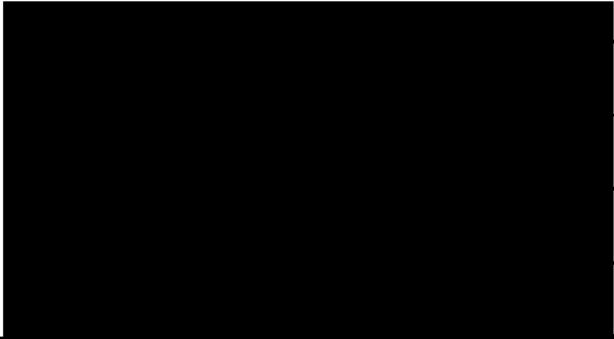
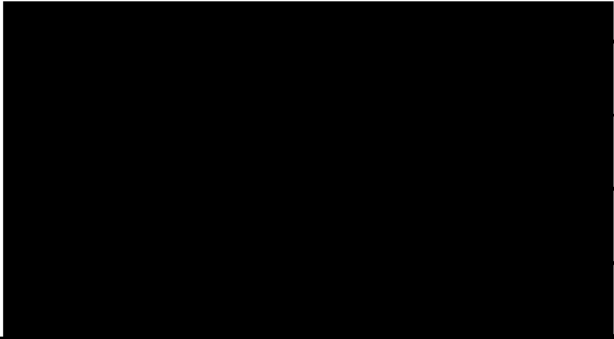
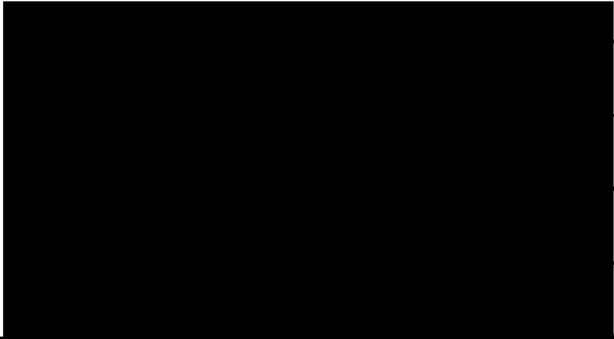
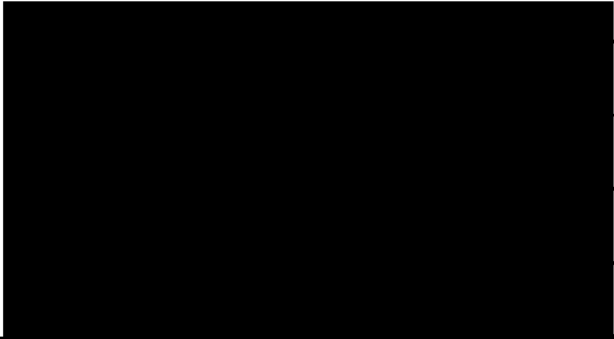
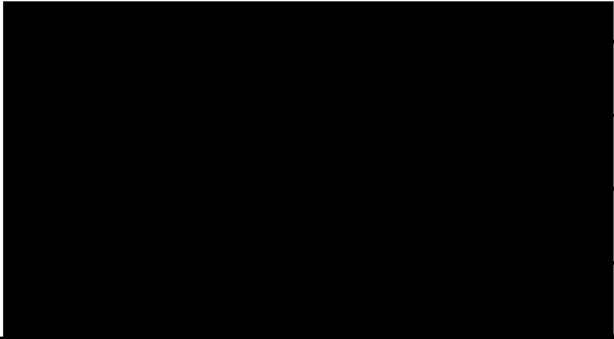


Marshall County Fiscal Court
1101 Main Street
Benton, KY 42025
270-527-4725

Informational Form

Dept. EMERGENCY MANAGEMENT

Name: DARLENE LYNN
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: ADMINISTRATIVE ASSISTANT


Position Status:

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

Salary/Wage: (Monthly or Hourly Rate)
\$15.76/HR → \$16.00/HR

Effective Date of Personnel Action: 10-16-18

Other Comments:

Employed Signature

Employer/Supervisor Signature

Date
10-15-18
Date