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

Name:

SSN:

Address:

Informational Form

025	Dept. Eq. DISPATCH		
CHRIS FREEM	LA LA		
/			
Appointment	Salary/Wag	ge Change	
Elected	Death		
Reinstatement	Dismissal:	Reason	
Leave Without Pay	Other:		
Military Leave	Resignation	n (Notice & Acceptance Attached)	
End of Office Term	Retirement		
Address Change / Ol	d Address:		
Name Change/ Previ	ous Name:		
Change in Employer			
Change in Status	From:	To:	

City/State/Zip:	
Home Phone:	
Date of Birth:	
Date of Biltii.	
Change in State	Pay Other: Resignation (Notice & Acceptance Attached)
Position Title: Equ DISPA	STUH DIRECTOR
Position Status: Seasonal Emergency Part-Time Jemporary Regular Full-Tir	Salary/Wage: (Monthly or Hourly Rate)
Effective Date of Personnel A	ction:
Other Comments:	
Employee Signature	Date ,

Employer/Supervisor Signature

5/2/20/9 Date