



Marshall County Fiscal Court  
 1101 Main Street  
 Benton, KY 42025  
 270.527.4725

**EMPLOYEE INFORMATIONAL  
 FORM**

|                 |                 |                         |       |
|-----------------|-----------------|-------------------------|-------|
| Department:     | Road Department | Position Title:         | Labor |
| Name:           | Cole Seibert    | Employee Code:          |       |
| Date of Birth:  |                 | Social Security Number: |       |
| Street Address: |                 | City State, Zip:        |       |
| Home Phone:     |                 | Mobile Phone:           |       |
| Email Address:  |                 |                         |       |

Personnel Action

Position Status

|  |         |                    |   |
|--|---------|--------------------|---|
| New Hire                                       | x       | Full-Time          | x |
| Appointment                                    |         | Part-Time          |   |
| Elected  |         |                    |   |
| Reinstatement                                  |         | Seasonal           |   |
| Leave without Pay                              |         |                    |   |
| Military Leave                                 |         |                    |   |
| End of Office Term                             |         | Temporary          |   |
| Wage Change                                    |         |                    |   |
| Death  |         | Emergency          |   |
| Retirement / Resignation                       |         |                    |   |
| Dismissal                                      | Reason: |                    |   |
| Address Change                                 | Old:    | New:               |   |
| Name Change                                    | Old:    | New:               |   |
| Change in Department                           | From:   | To:                |   |
| Effective Date of Personnel Action: 12/01/2020 |         | Wage Rate: \$17.00 |   |

Other Comments:

|                                |       |
|--------------------------------|-------|
| Employee Signature:            | Date: |
|                                |       |
| Employer/Supervisor Signature: | Date: |
|                                |       |