

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

## EMPLOYEE INFORMATIONAL FORM

		<u>i Orivi</u>	
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:			
Perso	nnel Action	Positi	on Status
New Hire			
Appointment		Full-Time	×
Elected		Part-Time	
Reinstatement			
Leave without Pay		Seasonal	
Military Leave			
End of Office Term		Temporary	
Wage Change	х		
Death		Emergency	
Retirement / Resignation			
Dismissal	Reason:		
Address Change	Old:	New:	
Name Change	Old:	New:	
Change in Department	From:	То:	
Effective Date of Personne	el Action: 3/1/2021	- Wage Rate: \$18.15	
Other Comments: 90 day	<u></u>		
mployee Signature:			
ampioyoc oigilatule.			Date:
mployer/Supervisor Signature:			Date:
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