



Marshall County Fiscal Court  
 1101 Main Street  
 Benton, KY 42025

**EMPLOYEE INFORMATIONAL FORM**

Department:	911	Position Title:	Telecommunications
Name:	Stephanie Goins	Employee Code:	
Date of Birth:	[REDACTED]	Social Security Number:	[REDACTED]
Street Address:	[REDACTED]	City State, Zip:	[REDACTED]
Home Phone:	[REDACTED]	Mobile Phone:	[REDACTED]
Email Address:			

**Personnel Action**

**Position Status**

New Hire	<input checked="" type="checkbox"/>	Full-Time	
Appointment		Part-Time	<input checked="" type="checkbox"/>
Elected		Seasonal	
Reinstatement		Temporary	
Leave without Pay		Emergency	
Military Leave			
End of Office Term			
Wage Change			
Death			
Retirement / Resignation			
Dismissal:	Reason:		
Address Change	Old:	New:	
Name Change	Old:	New:	
Change in Department	From:	To:	
Effective Date of Personnel Action:	11-10-21	Wage Rate:	\$15.50
		Phone Stipend:	
Other Comments:			

Supervisor Signature:	<i>Rachael Opote</i>	Date:	11-11-21
Human Resource Signature:		Date:	
Employee Signature:		Date:	