



NORMAN A. CANNADY, JR.

TAX ASSESSOR
MADISON COUNTY

CANTON OFFICE
P.O. BOX 292
CANTON, MS 39046-0292
CANTON: (601) 859-1921
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IN STATE: 1-800-428-0584 Ext 1921
JOHN FOX, CHIEF DEPUTY

MADISON ANNEX
171 COBBLESTONE DR.
MADISON, MS 39110-9197
MADISON: (601) 856-1796
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WWW.MADISON-CO.COM
DIANE ODOM, CHIEF DEPUTY

To: Shelton Vance and Tony Greer

From: Norman Cannady and Kay Pace

We have an agreement for Brad Harbour to work for the Tax Collector in a minimal capacity serving warrants for the Tax Collector's office. We have agreed that the Tax Assessor will pay 90% of Mr. Harbour's salary, and the Tax Collector will pay 10% of his salary.

A handwritten signature in cursive script, appearing to read "Norman A. Cannady", written over a horizontal line.

Norman Cannady, Tax Assessor

A handwritten signature in cursive script, appearing to read "Kay Pace", written over a horizontal line.

Kay Pace, Tax Collector

MADISON COUNTY
PERSONNEL ACTION

Department Road Department Employee Name Jeffery Ross
Job title Equipment Operator Employee SS # _____
Effective Date July 18, 2016

Hire

Full-time Part-time Temporary Hourly Salaried
Position: _____ new position or replacement if so, whom?
Fredrick Fair
Rate of Pay \$ 12.00 per hour

- Job references checked (if applicable)
- Background checked (if applicable)
- Driving Record checked (if applicable)

Promotion

From Position: _____ To Position: _____
Rate of Pay \$ _____ Rate of Pay \$ _____

Termination

- Death
 - Dismissed
 - Resigned
 - Retired
- Documentation Attached

Approval of Elected Official or Department Head

Printed Name Dan Gaillet, P.E. Signature [Signature] Date 7-12-16

Forward to Administration for Paperwork Processing

Administrative paperwork

	Initials	Date
Copy to Payroll	_____	_____
Copy to HR	_____	_____
Copy to Comptroller	_____	_____
Copy for BOS Agenda	_____	_____

MADISON COUNTY
PERSONNEL ACTION

Department Fire Department Employee Name Thomas Lariviere
Job title Interm Fire Coordinator Employee SS # #0277
Effective Date 7/1/2016

Hire

Full-time Part-time Temporary Hourly Salaried
Position: _____ new position or replacement if so, whom? _____

Rate of Pay \$ _____

- Job references checked (if applicable)
- Background checked (if applicable)
- Driving Record checked (if applicable)

Promotion

From Position: _____ To Position: _____
Rate of Pay \$ 17.00 p/h Rate of Pay \$ 2,630.00 (monthly)

Termination

- Death
 - Dismissed
 - Resigned
 - Retired
- Documentation Attached

Approval of Elected Official or Department Head

Printed Name Tony Greer, County Administrator Signature [Signature] Date 7/13/16

Forward to Administration for Paperwork Processing

Administrative paperwork

	Initials	Date
Copy to Payroll	_____	_____
Copy to HR	_____	_____
Copy to Comptroller	_____	_____
Copy for BOS Agenda	_____	_____