

MADISON COUNTY  
PERSONNEL ACTION

Department MCDC Employee Name Gary Snyder  
Job title D/O Employee SS # \_\_\_\_\_  
Effective Date 1/21/2024

**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: D/O To Position: MSgt.  
Rate of Pay \$ 17.53 Rate of Pay \$ 18.69

**Termination**

- Death
  - Dismissed
  - Resigned
  - Retired
- Documentation Attached

**Approval of Elected Official or Department Head**

Printed Name Jeffrey B. Huster Signature [Signature] Date 1/18/24

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 Tax Collector Employee Name Sonia Ballard  
Job title \_\_\_\_\_ Employee SS # \_\_\_\_\_  
Effective Date 2/19/2024

**Hire**

Full-time  Part-time  Temporary  Hourly  Salaried   
Position: Senior Accountant new position  it so, whom?   
or replacement   
Rate of Pay \$41.35 / 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 CJ Garavelli Signature  Date 1/29/2024

**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 Tax Collector Employee Name Joni South  
Job title \_\_\_\_\_ Employee SS # \_\_\_\_\_  
Effective Date 2/12/2024

**Hire**

Full-time  Part-time  Temporary  Hourly  Salaried   
Position: Deputy Collector new position or replacement  if so, whom? \_\_\_\_\_  
Rate of Pay \$ 18.00 / Hour

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

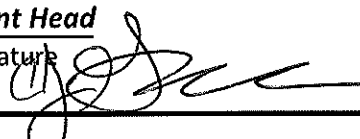
**Promotion**

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 CJ Garavelli Signature  Date 1/29/2024

**Forward to Administration for Paperwork Processing**

**Administrative paperwork**

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