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Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT Aug 13-Aug 26, 2019 AUG 27 2019 JENNIFER LINDENZWEIG

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|--------|------|--------|---------|----------------|------------|----------------|---------------------------------------|
| DATE | MALE | FEMALE | HOLDING | Hopkins County | <u>PTS</u> | <u>Federal</u> | TOTAL |
| 13-Aug | 195 | 51 | 8 | 0 | 0 | 67 | 321 |
| 14-Aug | 199 | 52 | 9 | Ó | 0 | 68 | 328 |
| 15-Aug | 200 | 49 | 6 | 0 | 0 | 68 | 323 |
| 16-Aug | 196 | 47 | 11 | . 0 | 0 | 68 | 322 |
| 17-Aug | 206 | 49 | 5 | 0 | 0 | 67 | 327 |
| 18-Aug | 210 | 49 | 7 | 0 | 0 | 67 | -333 |
| 19-Aug | 207 | 49 | 5 | 0 | 0 | 67 | 328 |
| 20-Aug | 202 | 46 | 10 | 0 | 0. | 67 | 325 |
| 21-Aug | 198 | 47 | 4 | 0 | 0 | 67 | 316 |
| 22-Aug | 195 | 47 | 9 | 0 | 0 | 67 | 318 |
| 23-Aug | 195 | 48 | 11 | 0 | 0 | 66 | 320 |
| 24-Aug | 200 | 47 | 11 | 0 | 0 | 66 | 324 |
| 25-Aug | 205 | 45 | 5 | - 0 | 0 | 66 | 321 |
| 26-Aug | 208 | 45 | 0 | 0 | 0 | 66 | 319 |

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I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without a reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

<u>*Full time – 40 hours a week with benefits – *Part time/hourly-As needed with retirement --</u> *Temporary – Special projects with an end date -- *Seasonal – Summer/Holiday help only.

| Signature of Applicant | | Date | | |
|---|------------------|---------------------|--|--|
| Commissioner's Court Approval Date: | AUG 2 7 | 2019 | | |
| Name Tammi-Byrch | | Date <u>8/14/16</u> | | |
| Employed? Yes No | Date of Employ | ment: | | |
| Job Title And to 2 | Department: | Augu Auditor | | |
| Grade | Hourly Rate/ Sa | alary | | |
| *Fulltime*PT/hourly | _*Temporary | *Seasonal | | |
| **Expected Temporary Assignment Completion Date | | | | |
| Employee Evaluation on file | _ Effective Date | e <u>8/14-1-</u> Gi | | |
| Notes Retreat | hep higher | | | |
| Signature Elected Official/Dept. Head | Kem | ß | | |

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| Signature of Applicant | Date | | | |
|---|--|--|--|--|
| Commissioner's Court Approval Date: | AUG 2 7 2019 | | | |
| Job Title <u>P Deputy Clerk</u> De Grade <u>G4</u> | Date <u>August 23, 2019</u> Date of Employment: <u>July 5, 2016</u> partment: <u>County Clerk</u> Hourly Rate/ Salary <u>\$31,120.00</u> *Temporary*Seasonal | | | |
| **Expected Temporary Assignment Completion Date Employee Evaluation on file Effective DateAugust 26, 2019 | | | | |
| Notes <u>Terminated</u> Signature Elected Official/Dept. Head <u>Sunfu Andury</u> | | | | |

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| relationship with organization is of time and the Employer may dist undertood that this 'at will' employed | tedge that, utless otherwise defined by applicable law, any employment of an "at will nature, which means that the Employee may resign at any charge Employee at any time with or without a reason. It is further loyment relationship may not be changed by any written document or by specifically adnowledged in writing by an authorized executive of this |
| In the went of employment, I un interview(s) may result in discha regulations of the employer. | derstand that false or misleading information given in my application or arge: I also understand that I am required to abide by all rules and |
| -Faull time - 40 hours a week with Temperary - Special projects w | h benefits - "Part time/hourly-As needed with retirement - with an end date - "Seasonal - Summer/Holiday help only, |
| Sig mature of Applicant | Date |
| Commissioner's Count Approval Da | AUG 2 7 2019 |
| Name Davonta | -COOPLE Data 8/19/19 |
| | No Date of Employment: |
| Job Title | Department:Q |
| FulltImePT/hourly | Temporary*Seasonal |
| Expected Temporary Assignment | Completion Date |
| mployee Evaluation on file | Effective Date 8 16 79 |
| otes FERMINAT | ed. |
| ignature Elected Official/Dopt. Hea | a Capt Derman |
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| Signature of Applicant | Date AUG 2 7 2019 | 8-19-19 | | | |
|---|---------------------------------------|----------|--|--|--|
| Name CAMES CASE | Date | 8.20.19 | | | |
| Employed? Yes No | Date of Employment: $\frac{9/3/2}{2}$ | 2019 | | | |
| Job Title Marntenance Tech. | Department: | ACC | | | |
| Grade <u>G-6</u> | Hourly Rate/ Salary | 200/ 45. | | | |
| | *Temporary*Sea | | | | |
| **Expected Temporary Assignment Completion Date | | | | | |
| Employee Evaluation on file | Effective Date | ⋽ | | | |
| Notes Children HTTPC | | | | | |
| Signature Elected Official/Dept. Head | hin hil | | | | |

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| Signature of Applicant | Date 05-25-2-17 |
|--|---------------------------------------|
| Commissioner's Court Approval Date: AUG 2 7 2019 | |
| Name <u>Elinton E. Wittoughby</u> Employed? <u>Yes</u> No Date of Employment: <u>She</u> Job Title <u>Patro Deputy</u> Department: <u>She</u> Grade <u>G-16</u> Hourly Rate/ Salary | 2-25-19 |
| *Fulltime*PT/hourly*Temporary* **Expected Temporary Assignment Completion Date | |
| Employee Evaluation on file Effective Date | 25-19 |
| Signature Elected Official/Dept. Head | · · · · · · · · · · · · · · · · · · · |