

* Indicates required field.

** Please include at least one phone number

Contacts - 050 - LIVINGSTON

Add / Edit Contact

*Contact Type: EMPLOYEE

☒ Active

*First Name TARA

MI A

*Last Name MANN

Address

*Address Line 1 19891

Address Line 2 CR 274

*City CARROLLTON

*State MISSOURI

*Zip 64633 -

Phone / Fax / Email

**Home Phone () -

**Work Phone (660) 646 - 5687

Fax Phone () -

**Cell Phone (319) 325 - 3383

E-mail tara.mann@swdc.mo.gov

Employee Details

*Position: DISTRICT SPECIALIST III

Date Last Perf. Review:

*User ID: NRMANN

☐ Active Military

Primary County: LIVINGSTON

*Workweek Type: NORMAL

*Employee Category: CATEGORY ONE

Override Comp Time (Employee Paid OT) ☐Temporary Employee (No AL or SL Accrual) ☐**Employment Information****Salary Information**

Start Date	End Date	Entered/Updated	Effective Date	Pay Rate	Brd. Est. FT Hrs.
03/12/2018		03/20/2018 7:56:57 AM	03/12/2018	13.49	40:00

*Start Date:

End Date:



*Effective Date:



*Pay Rate:

*Brd. Est. FT Hrs.:

Comments

FY Hours Worked:	874:00	Years / Months of Service:	3 Years 10 Months
Annual Leave Balance:	47:34	Sick Leave Balance:	31:19
Compensation Time Balance:	0:00	Military Leave Balance:	0:00

Certifications

Certification

Date Certified

Renewal Date

* Indicates required field.

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Contacts - 050 - LIVINGSTON

Add / Edit Contact

*Contact Type: EMPLOYEE

☒ Active

*First Name CINDY

MI

*Last Name MCCOLLUM

Address

*Address Line 1 PO BOX 64

Address Line 2

*City LINNEUS

*State MISSOURI

*Zip 64653 -

Phone / Fax / Email

**Home Phone (660) 895 - 5557

**Work Phone (660) 646 - 5687

Fax Phone () -

**Cell Phone (660) 973 - 8977

E-mail

Employee Details

*Position: DISTRICT SPECIALIST I

Date Last Perf. Review:

*User ID: NRMCCOC

☐ Active Military

Primary County: LIVINGSTON

*Workweek Type: NORMAL

*Employee Category: CATEGORY ZERO

Override Comp Time (Employee Paid OT) ☐Temporary Employee (No AL or SL Accrual) ☐**Employment Information****Salary Information**

Start Date	End Date	Entered/Updated	Effective Date	Pay Rate	Brd. Est. FT Hrs.
 05/24/2021		06/07/2021 3:07:27 PM 	05/24/2021	13.79	40:00 

*Start Date:



End Date:



*Effective

Date:

*Pay
Rate:*
Brd.
Est.
FT
Hrs.:

Comments

FY Hours Worked:	977:30	Years / Months of Service:	0 Years 7 Months
Annual Leave Balance:	41:15	Sick Leave Balance:	55:00
Compensation Time Balance:	0:00	Military Leave Balance:	0:00

Certifications

Certification

Date Certified

Renewal Date

* Indicates required field.

** Please include at least one phone number

Contacts - 050 - LIVINGSTON

Add / Edit Contact

*Contact Type: EMPLOYEE

☒ Active

*First Name CHELSEA

MI N

*Last Name MANN

Address

*Address Line 1 112 OAK ST.

Address Line 2

*City MOORSEVILLE

*State MISSOURI



*Zip 64664 -

Phone / Fax / Email

**Home Phone () -

**Work Phone (660) 646 - 5687

Fax Phone () -

**Cell Phone (660) 346 - 6267

E-mail chelsea.mann@swcd.mo.gov

Employee Details

*Position: DISTRICT SPECIALIST II

Date Last Perf. Review:



*User ID: NRMANN1

☐ Active Military

Primary County: LIVINGSTON

*Workweek Type: NORMAL

*Employee Category: CATEGORY ONE

Override Comp Time (Employee Paid OT) ☐Temporary Employee (No AL or SL Accrual) ☐**Employment Information****Salary Information**

Start Date	End Date	Entered/Updated	Effective Date	Pay Rate	Brd. Est. FT Hrs.
10/19/2020		10/22/2020 12:30:29 PM	10/19/2020	13.79	40:00

*Start Date:



End Date:



*Effective Date:



*Pay Rate:

*Brd. Est. FT Hrs.:

Comments

FY Hours Worked:	975:00	Years / Months of Service:	1 Years 2 Months
Annual Leave Balance:	81:58	Sick Leave Balance:	80:28
Compensation Time Balance:	17:45	Military Leave Balance:	0:00

Certifications

Certification

Date Certified

Renewal Date