

*** 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:** NRMANNT **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.****** Please include at least one phone number****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.

 05/24/202106/07/2021 3:07:27 PM 

05/24/2021

13.79

40:00

***Start Date:****End Date:*****Effective Date:*****Pay Rate:****Brd. Est. FT Hrs.:**
Comments*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:** NRMANNC1 **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