



Central Services Department

Ron Lampkin, Interim Director
2760 Peach Orchard Road Augusta GA 30906
(706) 828-7174 Phone

MEMORANDUM

TO: Anita Rookard, Director, Human Resources

FROM: Ron Lampkin, Interim Director, Central Services Department

DATE: June 30, 2023

SUBJECT: Exceptional Circumstances Adjustments – Retention

As per the City of Augusta's Personnel, Policy & Procedures Manual Section 500.106 - **Exceptional Circumstances Adjustments**, Central Services would like to pursue retention increases to several employees within the Facilities Maintenance division.

Our department has abolished one of our vacant positions to assist in funding the retention of current employees. Despite the increases offered through the retention bonus and retention plans I and II, Central Services has been facing significant turnover rates due to staff transfers to nearby City departments like the Airport, Transit, and Utilities, and external companies.

In addition, for an extended period without receiving additional pay, several Central Services personnel have taken on the duties of various vacant positions within our department.

As an example of an internal transfers during the previous year, two Electricians, one Building Maintenance Worker, one Building Maintenance Technician, one Plumber, and one Groundskeeper have transferred to one of the previously named departments within the City. Along with internal transfers, over the past two years we have experienced external company turnovers of two Building Maintenance Workers, one Building Maintenance Technician, two Grounds Maintenance Supervisors, and one Groundskeeper for a total of 11 employees.

Due to the above-mentioned transfers and separations, our department has been operating under a lean structure. At this moment, if any of our department's current employees were to separate or transfer, it will provoke a critical situation within our department. Potential vacancies would have a direct impact to all facilities that fall under Central Services' responsibility, to include:

- All Parks & Recreation facilities
- Richmond County Sheriff's Office locations
- Board of Elections locations
- Utilities facilities
- Housing & Community Development
- Engineering
- Records Retention facilities
- Mosquito Control
- Planning and Development
- Tag Offices
- Department of Driver's Services
- Municipal Building Campus
- Sheriff's Administration
- 911 Building



Central Services Department

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Subsequently, HVAC, Electrical, and Plumbing related requests would have to be contracted out to a vendor to provide the required services. This would not only have a financial impact to the department and the City's budgets, but also the department's response times to service requests.

We offer these increases to the listed personnel to ensure their retention within their current positions in Central Services.

Your approval with this request is greatly appreciated.

RL/mcrr



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Vacant Position

EMP I.D.: N/A

DEPT #: 4123

Proposed Effective Date: 5/27/2023

PART 1: TYPE OF REQUEST ---►#1: must fill out Part 2-A ONLY ---►#2-12: must fill out Part 2-B & Part 3 ---►#13: must fill out Part 2-C & Part 3 ---►#14: fill out Part 2 & 3

1. ☐ Name/Phone/Add 2. ☐ Reclassification 3. ☒ Position Abolishment 4. ☐ Transfer 5. ☐ Promotion 6. ☐ Demotion 7. ☐ Interim Appointment
8. ☐ Suspension 9. ☐ New Position 10. ☐ Work Hours 11. ☐ Rate of Pay 12. ☐ Budget # 13. ☐ Separation 14. ☐ Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Address: _____

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4123	4123
Job Title	Building Maintenance Technician	Building Maintenance Technician
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	12	12
PCN	FMC29EW002	FMC29EW002
Daily Hours	7.5	7.5
Hourly Rate	\$	\$
Bi-Weekly Salary	\$	\$
Annual Salary	\$	\$
Supplemental Pay	N/A	N/A
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016420	101016420
	Position to be abolished.	Position to be abolished.

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- ☐ VQ 01 Resignation
☐ VQ 02 Failure to Report to Work/AWOL
☐ VQ 03 Lay-Off/RIF
☐ VQ 04 Death
☐ VQ 05 Loss of Job Requirements
☐ VQ 06 Termination
☐ VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: ☐ YES ☐ NO

Proper Notice Given: ☐ YES ☐ NO

Eligible for Re-Hire? ☐ YES ☐ NO

If Not Eligible for Re-Hire -- Complete Part 3 and Review Eligibility Guidelines

VAC BAL: _____ COMP BAL: _____

Employee Replaced (Name & I.D.): _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☐ YES ☒ NO (if no, must give explanation for request)

Vacant position is not needed due to current operational structure and budgeted funds have been reallocated.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius	Contact Phone #: 706-312-4152	Date Of Request: 5/5/2023
Department Director Signature:		Concurrence Date: 5/5/23
Department Director Signature (2):		Concurrence Date:
Administrator Signature (only required for ineligibility for rehire):		Concurrence Date:
General Counsel Signature (only required for ineligibility for rehire):		Concurrence Date:

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective on the PP begin/end date of: _____ Processed By/Date: _____

EMP MGR/Date:	HR MGR/Date:	HR Comp/Date:
EMP RELATIONS/Date:	HR DIR/Date:	City ADM/Date:



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Arlene New

EMP I.D.: 00861

DEPT #: 4123

Proposed Effective Date: 05/27/23

PART 1: TYPE OF REQUEST ---► #1: must fill out Part 2-A ONLY ---► #2-12: must fill out Part 2-B & Part 3 ---► #13: must fill out Part 2-C & Part 3 ---► #14: fill out Part 2 & 3

1. ☐ Name/Phone/Add 2. ☐ Reclassification 3. ☐ Position Abolishment 4. ☐ Transfer 5. ☐ Promotion 6. ☐ Demotion 7. ☐ Interim Appointment
8. ☐ Suspension 9. ☐ New Position 10. ☐ Work Hours 11. ☒ Rate of Pay 12. ☐ Budget # 13. ☐ Separation 14. ☐ Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____ Home Phone #: () -
Address: _____ Cell Phone #: () -
Office Phone #: () -
Employee Signature (required for personal information changes): _____ Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4123	4123
Job Title	Administrative Assistant II	Administrative Assistant II
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	10	10
PCN	FMC21SF001	FMC21SF001
Daily Hours	7.5	7.5
Hourly Rate	\$17.70	\$19.47
Bi-Weekly Salary	\$1,327.78	\$1,460.56
Annual Salary	\$34,522.29	\$37,974.52
Supplemental Pay	N/A	N/A
Safety Sensitive (Y or N)	N	N
GL Account number:	101016420	101016420

C. SEPARATION INFORMATION

<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired: _____	
Last Day Worked: _____	
Separation Date: _____	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines	
VAC BAL:	COMP BAL:

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Salary justification memo and funding verification from Finance attached.

PART 4: DEPARTMENT APPROVAL

his Request was Processed By: <u>Katie Cornelius</u>	Contact Phone #: <u>706-312-4152</u>	Date Of Request: <u>4/21/2023</u>
Department Director Signature: <u>[Signature]</u>		Concurrence Date: <u>5/1/23</u>
Department Director Signature (2):		Concurrence Date:
Administrator Signature (only required for ineligibility for rehire):		Concurrence Date:
General Counsel Signature (only required for ineligibility for rehire):		Concurrence Date:
a transfer between departments, both director signatures required***		

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS ☐ Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective on the PP begin/end date of: _____ Processed By/Date: _____

EMP MGR/Date:	HR MGR/Date:	HR Comp/Date:
EMP RELATIONS/Date:	HR DIR/Date:	City ADM/Date:



The City of Augusta
Human Resources Department
Request for Personnel Action (RPA)

HR-1 FORM

Employee Name: **Timothy Howard**

EMP I.D.: **20911**

DEPT #: **4141**

Proposed Effective Date: **05/27/2023**

PART 1: TYPE OF REQUEST ---► #1: must fill out Part 2-A ONLY ---► #2-12: must fill out Part 2-B & Part 3 ---► #13: must fill out Part 2-C & Part 3 ---► #14: fill out Part 2 & 3

1. ☐ Name/Phone/Add 2. ☐ Reclassification 3. ☐ Position Abolishment 4. ☐ Transfer 5. ☐ Promotion 6. ☐ Demotion 7. ☐ Interim Appointment
8. ☐ Suspension 9. ☐ New Position 10. ☐ Work Hours 11. ☒ Rate of Pay 12. ☐ Budget # 13. ☐ Separation 14. ☐ Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Address: _____ Office Phone #: () -

Employee Signature (required for personal information changes): _____ Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4141	4141
Job Title	Facilities Maintenance Manager	Facilities Maintenance Manager
FLSA Status (E or NE)	E	E
Pay Class	200	200
Salary Grade	20	20
PCN	FMM47GX001	FMM47GX001
Daily Hours	7.5	7.5
Hourly Rate	\$27.39	\$30.13
Bi-Weekly Salary	\$2,054.21	\$2,259.63
Annual Salary	\$53,409.40	\$58,750.34
Supplemental Pay	N/A	N/A
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016211	101016211

C. SEPARATION INFORMATION

<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired: _____	
Last Day Worked: _____	
Separation Date: _____	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Not Eligible for Re-Hire – Complete Part 3 and Review Eligibility Guidelines	
VAC BAL:	COMP BAL:

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (if no, must give explanation for request)

Salary justification memo and funding verification from Finance attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius	Contact Phone #: 706-312-4152	Date Of Request: 4/21/2023
Department Director Signature:		Concurrence Date: 5/1/23
Department Director Signature (2):		Concurrence Date:
Administrator Signature (only required for ineligibility for rehire):		Concurrence Date:
General Counsel Signature (only required for ineligibility for rehire):		Concurrence Date:

*a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective on the PP begin/end date of: _____ Processed By/Date: _____

EMP MGR/Date:	HR MGR/Date:	HR Comp/Date:
EMP RELATIONS/Date:	HR DIR/Date:	City ADM/Date:



The City of Augusta
Human Resources Department
Request for Personnel Action (RPA)

HR-1 FORM

Employee Name: Roger Kimble

EMP I.D.: 17233

DEPT #: 4141

Proposed Effective Date: 05/27/23

PART 1: TYPE OF REQUEST ---► #1: must fill out Part 2-A ONLY ---► #2-12: must fill out Part 2-B & Part 3 ---► #13: must fill out Part 2-C & Part 3 ---► #14: fill out Part 2 & 3

1. ☐ Name/Phone/Add 2. ☐ Reclassification 3. ☐ Position Abolishment 4. ☐ Transfer 5. ☐ Promotion 6. ☐ Demotion 7. ☐ Interim Appointment
8. ☐ Suspension 9. ☐ New Position 10. ☐ Work Hours 11. ☒ Rate of Pay 12. ☐ Budget # 13. ☐ Separation 14. ☐ Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Address: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4141	4141
Job Title	Building Maintenance Worker	Building Maintenance Worker
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	10	10
PCN	FMM29FH001	FMM29FH001
Daily Hours	7.5	7.5
Hourly Rate	\$16.70	\$18.37
Bi-Weekly Salary	\$1,252.62	\$1,377.89
Annual Salary	\$32,568.19	\$35,825.01
Supplemental Pay	N/A	N/A
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016211	101016211

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- ☐ VQ 01 Resignation
☐ VQ 02 Failure to Report to Work/AWOL
☐ VQ 03 Lay-Off/RIF
☐ VQ 04 Death
☐ VQ 05 Loss of Job Requirements
☐ VQ 06 Termination
☐ VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: ☐ YES ☐ NO

Proper Notice Given: ☐ YES ☐ NO

Eligible for Re-Hire? ☐ YES ☐ NO

If Not Eligible for Re-Hire -- Complete Part 3 and Review Eligibility Guidelines

VAC BAL: _____ COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (if no, must give explanation for request)

Salary increase to aid in retention as well as compensate current employee for his continued contributions to the Department. Funding verification from Finance is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Katie Cornelius</u>		Contact Phone #: <u>706-312-4152</u>	Date Of Request: <u>4/21/2023</u>
Department Director Signature:		Concurrence Date: <u>5/1/23</u>	
Department Director Signature (2): _____		Concurrence Date: _____	
Administrator Signature (only required for ineligibility for rehire): _____		Concurrence Date: _____	
General Counsel Signature (only required for ineligibility for rehire): _____		Concurrence Date: _____	

a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS ☐ Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective on the PP begin/end date of: _____ Processed By/Date: _____

EMP MGR/Date: _____	HR MGR/Date: _____	HR Comp/Date: _____
EMP RELATIONS/Date: _____	HR DIR/Date: _____	City ADM/Date: _____



The City of Augusta
Human Resources Department
Request for Personnel Action (RPA)

Employee Name: Robert Coleman EMP I.D.: 20090 DEPT #: 4123 Proposed Effective Date: 05/27/23

PART 1: TYPE OF REQUEST ---► #1: must fill out Part 2-A ONLY ---► #2-12: must fill out Part 2-B & Part 3 ---► #13: must fill out Part 2-C & Part 3 ---► #14: fill out Part 2 & 3

1. ☐ Name/Phone/Add 2. ☐ Reclassification 3. ☐ Position Abolishment 4. ☐ Transfer 5. ☐ Promotion 6. ☐ Demotion 7. ☐ Interim Appointment
8. ☐ Suspension 9. ☐ New Position 10. ☐ Work Hours 11. ☒ Rate of Pay 12. ☐ Budget # 13. ☐ Separation 14. ☐ Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Address: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Employee Signature (required for personal information changes): _____ Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4123	4123
Job Title	Electrician I	Electrician I
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	13	13
PCN	FMC45IL001	FMC45IL001
Daily Hours	7.5	7.5
Hourly Rate	\$18.33	\$20.16
Bi-Weekly Salary	\$1,374.44	\$1,511.88
Annual Salary	\$35,735.36	\$39,308.90
Supplemental Pay	N/A	N/A
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016420	101016420

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired: _____	
Last Day Worked: _____	
Separation Date: _____	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Not Eligible for Re-Hire – Complete Part 3 and Review Eligibility Guidelines	
VAC BAL: _____	COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Salary increase to aid in retention as well as compensate current employee for his continued contributions to the Department. Funding verification from Finance is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Katie Cornelius</u>	Contact Phone #: <u>706-312-4152</u>	Date Of Request: <u>4/21/2023</u>
Department Director Signature: <u>[Signature]</u>		Concurrence Date: <u>5/1/23</u>
Department Director Signature (2): _____		Concurrence Date: _____
Administrator Signature (only required for ineligibility for rehire): _____		Concurrence Date: _____
General Counsel Signature (only required for ineligibility for rehire): _____		Concurrence Date: _____

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective on the PP begin/end date of: _____ Processed By/Date: _____

EMP MGR/Date: _____	HR MGR/Date: _____	HR Comp/Date: _____
EMP RELATIONS/Date: _____	HR DIR/Date: _____	City ADM/Date: _____



The City of Augusta
Human Resources Department
Request for Personnel Action (RPA)

HR-1 FORM

Employee Name: Cicolas Roberson

EMP I.D.: 20373

DEPT #: 4123

Proposed Effective Date: 05/27/23

PART 1: TYPE OF REQUEST ---► #1: must fill out Part 2-A ONLY ---► #2-12: must fill out Part 2-B & Part 3 ---► #13: must fill out Part 2-C & Part 3 ---► #14: fill out Part 2 & 3

1. ☐ Name/Phone/Add 2. ☐ Reclassification 3. ☐ Position Abolishment 4. ☐ Transfer 5. ☐ Promotion 6. ☐ Demotion 7. ☐ Interim Appointment
8. ☐ Suspension 9. ☐ New Position 10. ☐ Work Hours 11. ☒ Rate of Pay 12. ☐ Budget # 13. ☐ Separation 14. ☐ Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Address: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4123	4123
Job Title	Grounds Maintenance Supervisor	Grounds Maintenance Supervisor
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	13	13
PCN	FMC46GX001	FMC46GX001
Daily Hours	7.5	7.5
Hourly Rate	\$18.68	\$20.55
Bi-Weekly Salary	\$1,401.13	\$1,541.24
Annual Salary	\$36,429.25	\$40,072.18
Supplemental Pay	N/A	N/A
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016420	101016420

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- ☐ VQ 01 Resignation
☐ VQ 02 Failure to Report to Work/AWOL
☐ VQ 03 Lay-Off/RIF
☐ VQ 04 Death
☐ VQ 05 Loss of Job Requirements
☐ VQ 06 Termination
☐ VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: ☐ YES ☐ NO

Proper Notice Given: ☐ YES ☐ NO

Eligible for Re-Hire? ☐ YES ☐ NO

If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines

VAC BAL: _____

COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (if no, must give explanation for request)

Salary increase to aid in retention as well as compensate current employee for his continued contributions to the Department. Funding verification from Finance is attached.

PART 4: DEPARTMENT APPROVAL

his Request was Processed By: <u>Katie Cornelius</u>	Contact Phone #: <u>706-312-4152</u>	Date Of Request: <u>4/21/2023</u>
Department Director Signature:		Concurrence Date: <u>5/1/23</u>
Department Director Signature (2): _____		Concurrence Date: _____
Administrator Signature (only required for ineligibility for rehiring): _____		Concurrence Date: _____
General Counsel Signature (only required for ineligibility for rehiring): _____		Concurrence Date: _____

a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective on the PP begin/end date of: _____ Processed By/Date: _____

EMP MGR/Date: _____	HR MGR/Date: _____	HR Comp/Date: _____
EMP RELATIONS/Date: _____	HR DIR/Date: _____	City ADM/Date: _____



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Albert Livingston

EMP I.D.: 15816

DEPT #: 4141

Proposed Effective Date: 05/27/23

PART 1: TYPE OF REQUEST ---► #1: must fill out Part 2-A ONLY ---► #2-12: must fill out Part 2-B & Part 3 ---► #13: must fill out Part 2-C & Part 3 ---► #14: fill out Part 2 & 3

1. ☐ Name/Phone/Add 2. ☐ Reclassification 3. ☐ Position Abolishment 4. ☐ Transfer 5. ☐ Promotion 6. ☐ Demotion 7. ☐ Interim Appointment
8. ☐ Suspension 9. ☐ New Position 10. ☐ Work Hours 11. ☒ Rate of Pay 12. ☐ Budget # 13. ☐ Separation 14. ☐ Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Address: _____

Office Phone #: () -

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4141	4141
Job Title	Facilities Maintenance Supervisor	Facilities Maintenance Supervisor
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	15	15
PCN	FMM471J001	FMM471J001
Daily Hours	7.5	7.5
Hourly Rate	\$20.03	\$22.03
Bi-Weekly Salary	\$1,502.36	\$1,652.60
Annual Salary	\$39,061.41	\$42,967.55
Supplemental Pay	N/A	N/A
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016211	101016211

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- ☐ VQ 01 Resignation
☐ VQ 02 Failure to Report to Work/AWOL
☐ VQ 03 Lay-Off/RIF
☐ VQ 04 Death
☐ VQ 05 Loss of Job Requirements
☐ VQ 06 Termination
☐ VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: ☐ YES ☐ NO

Proper Notice Given: ☐ YES ☐ NO

Eligible for Re-Hire? ☐ YES ☐ NO

If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines

VAC BAL: _____ COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Salary increase to aid in retention as well as compensate current employee for his continued contributions to the Department. Funding verification from Finance is attached.

PART 4: DEPARTMENT APPROVAL

His Request was Processed By: Katie Cornelius		Contact Phone #: 706-312-4152	Date Of Request: 4/21/2023
Department Director Signature: _____			Concurrence Date: 5/1/23
Department Director Signature (2): _____			Concurrence Date: _____
Administrator Signature (only required for ineligibility for rehire): _____			Concurrence Date: _____
General Counsel Signature (only required for ineligibility for rehire): _____			Concurrence Date: _____

a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS ☐ Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective on the PP begin/end date of: _____ Processed By/Date: _____

EMP MGR/Date: _____	HR MGR/Date: _____	HR Comp/Date: _____
EMP RELATIONS/Date: _____	HR DIR/Date: _____	City ADM/Date: _____



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Maria Rivera-Rivera

EMP I.D.: 19487

DEPT #: 4123

Proposed Effective Date: 05/27/23

PART 1: TYPE OF REQUEST ---► #1: must fill out Part 2-A ONLY ---► #2-12: must fill out Part 2-B & Part 3 ---► #13: must fill out Part 2-C & Part 3 ---► #14: fill out Part 2 & 3

1. ☐ Name/Phone/Add 2. ☐ Reclassification 3. ☐ Position Abolishment 4. ☐ Transfer 5. ☐ Promotion 6. ☐ Demotion 7. ☐ Interim Appointment
8. ☐ Suspension 9. ☐ New Position 10. ☐ Work Hours 11. ☒ Rate of Pay 12. ☐ Budget # 13. ☐ Separation 14. ☐ Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Address: _____

Office Phone #: () -

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4123	4123
Job Title	Deputy Director, Facilities	Deputy Director, Facilities
FLSA Status (E or NE)	E	E
Pay Class	200	200
Salary Grade	28	28
PCN	FMC41WQ001	FMC41WQ001
Daily Hours	7.5	7.5
Hourly Rate	\$45.36	\$49.89
Bi-Weekly Salary	\$3,401.73	\$3,741.90
Annual Salary	\$88,445.01	\$97,289.51
Supplemental Pay	N/A	N/A
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016420	101016420

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- ☐ VQ 01 Resignation
☐ VQ 02 Failure to Report to Work/AWOL
☐ VQ 03 Lay-Off/RIF
☐ VQ 04 Death
☐ VQ 05 Loss of Job Requirements
☐ VQ 06 Termination
☐ VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: ☐ YES ☐ NO

Proper Notice Given: ☐ YES ☐ NO

Eligible for Re-Hire? ☐ YES ☐ NO

If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines

VAC BAL: _____

COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (if no, must give explanation for request)

Salary justification memo and funding verification from Finance attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Katie Cornelius</u>	Contact Phone #: <u>706-312-4152</u>	Date Of Request: <u>4/28/23</u>
Department Director Signature: <u>[Signature]</u>		Concurrence Date: <u>5/17/23</u>
Department Director Signature (2): _____		Concurrence Date: _____
Administrator Signature (only required for ineligibility for rehire): _____		Concurrence Date: _____
General Counsel Signature (only required for ineligibility for rehire): _____		Concurrence Date: _____

If a transfer between departments, both director signatures required***

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Received on (date): _____ Effective on the PP begin/end date of: _____ Processed By/Date: _____

EMP MGR/Date: _____	HR MGR/Date: _____	HR Comp/Date: _____
EMP RELATIONS/Date: _____	HR DIR/Date: _____	City ADM/Date: _____



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Cedric Berry

EMP I.D.: 20834

DEPT #: 4123

Proposed Effective Date: 05/27/23

PART 1: TYPE OF REQUEST ---> #1: must fill out Part 2-A ONLY ---> #2-12: must fill out Part 2-B & Part 3 ---> #13: must fill out Part 2-C & Part 3 ---> #14: fill out Part 2 & 3

1. ☐ Name/Phone/Add 2. ☐ Reclassification 3. ☐ Position Abolishment 4. ☐ Transfer 5. ☐ Promotion 6. ☐ Demotion 7. ☐ Interim Appointment
8. ☐ Suspension 9. ☐ New Position 10. ☐ Work Hours 11. ☒ Rate of Pay 12. ☐ Budget # 13. ☐ Separation 14. ☐ Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Address: _____

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4123	4123
Job Title	HVAC Technician I	HVAC Technician I
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	13	13
PCN	FMC52MQ002	FMC52MQ002
Daily Hours	7.5	7.5
Hourly Rate	\$17.27	\$19.00
Bi-Weekly Salary	\$1,295.54	\$1,425.09
Annual Salary	\$33,684.00	\$37,052.40
Supplemental Pay	N/A	N/A
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016420	101016420

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

	SEPARATION FROM SERVICE REASON:
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: ☐ YES ☐ NO

Proper Notice Given: ☐ YES ☐ NO

Eligible for Re-Hire? ☐ YES ☐ NO

If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines

VAC BAL: _____ COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Salary increase to aid in retention as well as compensate current employee for his continued contributions to the Department. Funding verification from Finance is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius	Contact Phone #: 706-312-4152	Date Of Request: 4/21/2023
Department Director Signature:		Concurrence Date: 7/17/23
Department Director Signature (2):		Concurrence Date:
Administrator Signature (only required for ineligibility for rehire):		Concurrence Date:
General Counsel Signature (only required for ineligibility for rehire):		Concurrence Date:

If a transfer between departments, both director signatures required***

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Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective on the PP begin/end date of: _____ Processed By/Date: _____

EMP MGR/Date:	HR MGR/Date:	HR Comp/Date:
EMP RELATIONS/Date:	HR DIR/Date:	City ADM/Date: